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ANNUAL REPORT
OF THE
BOARD OF
HEALTH

1916

City of Newark, New Jersey



For the Year Ending December 31, 1916

WITH THE COMPLIMENTS OF THE

*BOARD OF HEALTH
OF NEWARK, N. J.*

*THIS DEPARTMENT WOULD BE GLAD TO RECEIVE YOUR
PUBLICATIONS IN RETURN*

*CHARLES V. CRASTER, M. D., D. P. H.
HEALTH OFFICER*



Newark Board of Health Building and City Dispensary, William and Plane Streets

ANNUAL REPORT
OF THE
BOARD OF HEALTH
CITY OF NEWARK, NEW JERSEY



A description of the activities along the lines of Public Sanitation, Disease Prevention, Pure Food and Milk, as well as other efforts to improve the living and health conditions of the community.

FOR THE YEAR ENDING DECEMBER 31, 1916

THE ESSEX PRESS, PRINTERS
NEWARK, N. J.

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"Preventive Medicine is largely concerned with endeavors towards the attainment of Isaiah's ideal (Isaiah, Chapter lxv. 20), 'There shall be no more thence an infant of days, nor an old man that hath not filled his days: for the child shall die an hundred years old.'"*—Newsholme.*

TO THE READER.—The activities of the various divisions of the Board of Health are here set forth. The results are more truly reflected in the improved conditions of life in our community.

CHARLES V. CRASTER, M. D., D. P. H.,
Health Officer.

Newark, N. J., March, 1917.

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FOR THE YEAR 1916

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THEO. TEIMER, M.D.	184 Clinton Avenue
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ELMER G. WHERRY, M.D.	325 Clinton Avenue

HEALTH OFFICER

CHARLES V. CRASTER, M.D., D.P.H. 51 Cypress Street

**STANDING COMMITTEES OF THE
BOARD OF HEALTH**

FOR THE YEAR 1916

ADMINISTRATION

MR. PARKER	MR. RACHLIN	MR. CALLAN
MR. RAU		MR. KIRKPATRICK

SANITATION

DR. McCORMICK	DR. WEBNER	MR. CALLAN
MR. PARKER		MR. RAU

HOSPITAL

DR. WEBNER	DR. WHERRY	DR. McCORMICK
DR. TEIMER		DR. CALLAN
	DR. WHERRY	MR. KIRKPATRICK

TRAINING SCHOOL

DR. WEBNER	DR. McCORMICK	DR. WHERRY
DR. TEIMER		DR. DISBROW

TUBERCULOSIS

DR. TEIMER	DR. WEBNER	MR. RAU
MR. KIRKPATRICK		MR. RACHLIN

CHILD HYGIENE

DR. WHERRY	DR. TEIMER	DR. McCORMICK
MR. PARKER		MR. RAU

FOOD AND DRUGS

MR. KIRKPATRICK	MR. CALLAN	MR. RACHLIN
MR. PARKER		DR. WHERRY

MEETINGS

BOARD OF HEALTH

Meetings held in the Board of Health Offices, William and Plane Streets, Newark, N. J.

The regular meeting of the Board is held on the First Tuesday of each month at 8 30 P. M. for the transaction of all business.

The regular meetings of the Sanitary Committee are held on the Thursday preceding the First Tuesday of each month at 8 30 P. M.

NOTICE

The printing and publication of this Report is paid for out of the funds of the City, and for the information of taxpayers Copies may be had without charge on application to the Board of Health, Plane and William Streets, Newark, N. J.

EMPLOYEES OF THE BOARD OF HEALTH

OFFICE DIVISION

JOHN J. GREEN	<i>Clerk, Bureau Contagious Diseases</i>
	308 Riverside Avenue
W. J. BEHRLER	<i>Bookkeeper</i>
	542 Sandford Avenue
WILLIAM H. YOUNG	<i>Clerk, Sanitary Division</i>
	715 Clifton Avenue
ELBERT S. BALL	<i>Clerk, Vital Statistics</i>
	226 South Tenth Street.
ROBERT F. MORGAN, JR.	<i>Stenographer and Clerk</i>
	13 Earl Street
JOHN J. ROGERS	<i>Clerk, Sanitary Division</i>
	109 South Eighth Street
HENRY A. HABIG	<i>Stenographer</i>
	418 Avon Avenue
MARY ANN McNALLY	<i>Telephone Operator</i>
	410 Thirteenth Avenue
MISS CORA B. NATHAN	<i>Clerk</i>
	375 Walnut Street
EDWARD E. WORL, M.D.	<i>Superintendent, Bureau Contagious Diseases</i>
	271 High Street
HERBERT B. BALDWIN	<i>Chemist</i>
	927 Broad Street.
WILLIAM WIENER	<i>Meteorologist</i>
	62½ Nelson Place

BOARD OF HEALTH.

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CITY DISPENSARY

WILLIAM A. SMITH	<i>Apothecary</i>
21 Camp Street	
HENRY A. OLTMAN	<i>Assistant Apothecary</i>
16 Montrose Street	
ARTHUR F. WARREN	<i>Assistant Apothecary</i>
16 Lyons Avenue	
LEO J. McMANUS	<i>Dentist</i>
240 Mulberry Street	
ANNA BRIDGETT	<i>Nurse</i>
31 Thirteenth Avenue	
MORRIS SEIDL	<i>Detailed</i>
413 South Eighth Street	

DISTRICT PHYSICIANS

Dist	No	Physician	Address
1	DR CHAS F HILL		180 Polk Street
2	DR MARY BROADNAX		79 Clinton Avenue
3	DR W. F. L. RODEMANN		153 Milford Avenue
4	DR SAMUEL HIRSHBERG		239 Littleton Avenue
5	DR WM FISCHER		169 South Seventh Street
6	DR MEYER JEDEL		125 Fourth Street

PLUMBING INSPECTORS

CHAS. A. HALLGRING, <i>Chief</i>	376 Walnut Street
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EDWARD P. COULSTON	375 Walnut Street
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JACOB KULL	69 Hunterdon Street
PATRICK J. MONAGHAN	166 Avon Avenue

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SAMUEL G SHARWELL, <i>Chief</i>	102 Eleventh Avenue
WILLIAM S WEBB <i>Food and Drug Inspector</i>	96 Alpine Street
LEWIS BOUTILLIER, <i>Food and Drug Inspector</i> ,	282 South Eleventh Street
HENRY F KNELLER, <i>Milk Inspector</i>	52 Columbia Avenue
DANIEL KUHN, <i>Meat Inspector</i>	882 South Seventeenth Street
WERNER RUNGE, <i>Veterinarian</i>	130 Union Street
JOHN L WITTPEN, <i>Veterinarian</i>	195 Montclair Avenue
LILLIAN BLUMENAU, <i>Stenographer</i>	130 Peshine Avenue

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ANDREW J BRADY	28 Baldwin Avenue
CHARLES F CONRAD	856 South Seventeenth Street
BERNARD J CAHILL	160 South Tenth Street

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ANTONIO PANZERA	95 Madison Street
HUBERT O'ROURKE	36 Leo Place
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JAMES WHELAN	193 Parker Street
HENRY MACDONALD	29 Vermont Avenue
CASPER BENZ	34 Fifth Street
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PATRICK J BROGAN	105 Fourth Street
JOSEPH A MAGUIRE	156 Norfolk Street
ADOLPH O. ELSASSER	746 South Nineteenth Street
GUSTAVE FREIDEMANN	431 South Eleventh Street
CLARENCE J PALMER	303 South Eighteenth Street
EDWARD A CLEARY	122 Orchard Street
JAMES J WATERS	325 Walnut Street

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HIRAM R. STEWART	59 West End Avenue
THOMAS F. NEWTON	278 Clifton Avenue
RICHARD J. CORBELLY	189 Highland Avenue
GEORGE W. GILMORE	169 Ridgewood Avenue
FRED W. NICHOLS	118 Ninth Avenue
GEORGE A. VAN HOUTEN	716 Bergen Street

JANITORS

ADOLPH HOERNIG	62 Sixteenth Avenue
VAN S. HURLBURT	46 Nelson Place

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DR. H. C. POVEY	30 Mott Street
DR. H. G. MCBRIDE	248 Mulberry Street
DR. M. J. COFFEY	216 Bank Street
DR. RAYMOND J. MULLIN	722 Clinton Avenue
DR. D. R. CAMPBELL	22 Central Avenue

BACTERIOLOGICAL DIVISION

DR. R. N. CONNOLY	<i>Bacteriologist</i> 117 Fifth Street
DR. THOMAS RIPLEY	<i>Assistant Bacteriologist</i> 154 Quitman Street
DR. H. A. TARBELL	<i>Assistant Bacteriologist</i> 87 Hillside Avenue
DR. G. WARD DISBROW	<i>Assistant Bacteriologist</i> 1124 Broad Street
DR. H. S. MARTLAND	<i>Pathologist</i> 1138 Broad Street
ARTURO CASILI	<i>Assistant Pathologist</i> City Hospital
KARL W. MONROE	<i>Laboratory Assistant</i> 45 Emmett Street
JOHN A. DUNN	<i>Culture Collector</i> 65 South Seventh Street
WILLIAM J. FOYLE	<i>Culture Collector</i> 142 Hudson Street

BOARD OF HEALTH.

DIVISION OF TUBERCULOSIS

DR. THOMAS N. GRAY, Chief 26 Halsted Street, East Orange, N. J.

FIELD FORCE

CLINICAL ASSISTANTS

DR. MOSES J. FINE, Chief	362 Clinton Avenue
DR. HERMAN BUSCH	21 Tichenor Street
DR. CARMINE G. BERARDINI	92 Eighth Avenue
DR. GRANT THORBURN	102 Clinton Avenue

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MRS. CORNELIA WHITEHEAD	135 New Street
MRS. GENEVIEVE K. HEROLD	148 South Thirteenth Street
MRS. ELEANOR FORNACHON	Caldwell, N. J.
MISS MABEL E. D. HYATT.	409 Summer Avenue
MISS FRANCES L. DOLAN	175 Belleville Avenue

STENOGRAPHER

MARY F. McGUINNESS 273 New Street

VERONA SANATORIUM

DR. GEO. E. HARNEN	Resident Physician
MELVINA ALLEN	Nurse
JULIA MEEHAN	Nurse

DIVISION OF CHILD HYGIENE

DIRECTOR

DR. JULIUS LEVY 191 Littleton Avenue

CLINIC PHYSICIANS

DR. HYMAN SHLAPPIN	18 Hillside Place
DR. CHARLES ROBBINS	683 High Street
DR. ABRAHAM ROTHSEID	205 Mt. Prospect Avenue

HYGIENE TEACHERS

JEANETTE GURNEY	201 Hunterdon Street
MARGARET POTASH	445 Clinton Avenue
FLORENCE WEINER	27 South Tenth Street
EMMA MUELLER	153 Clifton Avenue
eva M. WAX	41 Baldwin Street
ANNA K. JACOB	496 Jelliff Avenue
CHARLOTTE L. CLAFLIN	160 Summer Avenue
AGNES MACDONALD	254 Mt Pleasant Avenue
JOSEPHINE TRONOLONE	319 South Nineteenth Street

SUPERVISOR OF MIDWIFERY

ELIZABETH AITKEN	249 North Sixth Street
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SECRETARY

ANNA E. HORN	532 South Thirteenth Street
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DISTRICT PHYSICIANS' LINES

- 1st DISTRICT Dr CHARLES F HILL—Avenue F from City Line to Adams Street, Market Street, Broad Street, Fulton Street and City Line
- 2nd DISTRICT Dr MARY BROADNAX -Tichenor Street from Adams Street to Broad Street, Clinton Avenue, City Line and Avenue F
- 3rd DISTRICT Dr W F L RODEMANN—Adams Street from Market Street to Tichenor Street, Broad Street and Market Street
- 4th DISTRICT Dr SAMUEL HIRSCHBERG—Broad Street from Central Avenue to Clinton Avenue, High Street, South Orange Avenue, Bergen Street, Warren Street, Sussex Avenue and Central Avenue
- 5th DISTRICT Dr WILLIAM FISCHER -Clinton Avenue from City Line to High Street, South Orange Avenue, Bergen Street, Warren Street, Central Avenue and City Line
- 6th DISTRICT Dr MEYER JEDLL—Fulton Street from Passaic River to Central Avenue, Sussex Avenue, Warren Street, Central Avenue and City Line.

CLINICS AT CITY DISPENSARY
WILLIAM AND PLANE STREETS

MEDICAL—9 A M daily except Sunday

DISEASES OF CHILDREN—10 A M daily except Sunday

SURGICAL—9 A M daily except Sunday

GENITO URINARY—Monday and Thursday, 10 A M

CYSTOSCOPY Wednesday, 10 A M

DISEASES OF WOMEN—Tuesday and Friday, 3 P M

DISEASES OF SKIN Tuesday and Friday, 9 30 A M

SYPHILIS—Male, Wednesday, 3 P M Female Friday, 9 30 A M

EYE, EAR THROAT AND NOSE—Monday, 3 P M

DISEASES OF RECTUM Tuesday, Thursday, Saturday, 10 A M

NERVOUS DISEASES Friday, 2 P M

ORTHOPEDIC—Tuesday, Thursday, Saturday, 10 A M

DENTIST Monday, Wednesday and Friday 1 P M

PRENATAL—Thursday, 3 P M

TUBERCULOSIS

CHILDREN—Examination and serum, including glands and joints, Monday and Thursday, 3 P M

CHILDREN—Physical, Wednesday, 3 P M

ADULTS—Tuesday, Thursday and Friday, 3 P M

ADULTS—Laryngeal, Wednesday, 3 P M

Examination Days for Admission to Sanatoriums:

VERONA—Monday, 10 o'clock

GLEN GARDNER—Wednesday, 10 o'clock

SOHO—Thursday, 10 o'clock

DISPENSARY MEDICAL STAFF

DEPARTMENT OF SURGERY

NELSON K. BENTON, M. D. *Chief of Clinic*

ASSISTANTS

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OTTO LOWITS, M. D.	M. A. FLOWER, M. D.
H. J. GILBERT, M. D.	ROYAL M. COHEN, M. D.

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ROBT. S. TOPPING, M. D.	GRANT THORBURN, M. D.
ERNEST GENNELL, M. D.	C. S. JANIFER, M. D.

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ASSISTANTS

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HERMAN BUSCH, M. D.	GRANT THORBURN, M. D.

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WELLS P. EAGLETON, M. D. *Chief of Clinic*

ASSISTANTS

E A CURTIS, M. D.	S. HIRSCHBERG, M. D.
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DEPARTMENT OF GYNAECOLOGY

WM GAUCH, M. D. *Chief of Clinic*

ASSISTANT

MARY E. BROADNAX, M. D.

BOARD OF HEALTH.

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EDGAR HOLDEN, JR., M. D. CARL R. KEPPLER, M. D.

GENITO URINARY AND CYSTOSCOPIC DEPARTMENT

C. R. O'CROWLEY, M. D. *Chief of Clinic*

ASSISTANTS

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BENJ. A. FURMAN, M. D.	D. L. GOLANN, M. D.
H. C. POVEY, M. D.	FRANK A. ROBERTS, M. D.
Wm. G. NASH, M. D.	P. COFANO, M. D.

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MAURICE TEITELBAUM, M. D.	H. A. LOWENSTEIN, M. D.

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LOUIS A. KOCH, M. D. *Chief Division "B"*

ASSISTANTS

JOHN T. ENGLISH, M. D. H. N. COMANDO, M. D.

DENTAL DEPARTMENT

LEO J. McMANUS, D. D. S.

DEPARTMENT OF NERVOUS DISEASES

C. C. BELING, M. D. *Chief of Clinic*

ASSISTANT

E. P. WHELAN, M. D.

DEPARTMENT OF RECTAL DISEASES

DAVID A. KRAKER, M. D. *Chief of Clinic*

ASSISTANT

D. L. GOLANN, M. D.

PRENATAL DEPARTMENT

H. C. H. HEROLD, M. D. *Chief of Clinic*

ANNUAL REPORT
OF THE
HEALTH OFFICER
FOR THE YEAR 1916

ANNUAL REPORT
OF THE
HEALTH OFFICER
FOR THE YEAR 1916

To the Members of the Board of Health:

GENTLEMEN I beg to submit the following report of the activities of the several divisions of the Board of Health for the year 1916

THE DEATH RATE.

The death rate for the city in 1916 was 16.5 per 1,000 upon an estimated mid-year population of 385,000. This is the highest death rate since 1910. The increase in the rate over former years was due to the prevalence of certain epidemic diseases accompanied by an abnormal mortality. Of particular note in this respect was the unusual visitation of poliomyelitis in the four months of July, August, September and October, as well as of measles during the early Spring months of 1916.

There were other circumstances, however, which made an increased number of deaths. The death rates from the principal causes of death showed increases in 11 out of 17 causes enumerated

CIVIL DEATH RATES FOR NEW YORK ACCORDING TO CENSUS AND INTERCENSAL ESTIMATED INCREASES

YEAR	POPULATION	NO. OF DEATHS	DEATH RATE
1840	203,923	4,543	22.28
1850	215,725	4,615	21.37
1860	225,000	4,716	20.96
1870	230,000	4,010	17.43
1880	235,000	4,303	18.30
1890	240,000	3,537	18.90
1900	246,070	5,006	20.34
1910	250,000	4,806	19.22
1920	255,000	4,943	19.38
1930	266,000	4,923	18.50
1940	272,000	5,378	19.77
1950	283,289	5,025	17.74
1960	290,000	5,551	19.14
1970	300,000	5,724	19.08
1980	305,000	5,207	17.07
1990	311,000	5,529	17.77
2000	347,469	5,784	16.64
2010	352,000	5,337	15.16
2020	370,000	5,423	14.65
2030	380,000	5,562	14.63
2040	395,000	5,809	14.70
2050	375,000	5,382	14.30
2060	385,000	6,357	16.50

MORTALITY FROM EPIDEMIC DISEASES.

The mortality for scarlet fever amounted to 1.8 per 100,000 of population. This was the exception of 1st year is the lowest recorded mortality from this disease in New York. It would appear that there has been a considerable decrease in the virulence of scarlet fever as a cause of death. As far back as 1894 the death rate amounted to 33.8 per 100,000 of population, and in 1914 this rate reached 44.1. We have reason to be satisfied with the decrease from this cause of death.

The mortality from diphtheria amounted to 14.8 per 100,000 in 1916. There has been somewhat of an increase in deaths from this disease since 1914. There is, however, considerable cause for satisfaction in the low death rate

from diphtheria as compared with former years, that recorded for 1892, for instance, was 126.6 per 100,000 population.

There can be little doubt that the lowering of this death rate is due to the more widely extended use of diphtheria antitoxin ever since the year 1895, when this remedy was introduced into general use.

The deaths from typhoid fever are a true reflex of the sanitary conditions in a city population. The mortality from this disease in 1916 was 6.0 per 100,000 of population. This, although an increase of 3.1 per 100,000 over last year, compares very favorably with the death rate in previous years. In 1895 this rate was 23.2 per 100,000, and in 1899 it was 25.0.

MORTALITY FROM SCARLET FEVER, DIPHTHERIA AND
TYPHOID FEVER PER 100,000 POPULATION
FROM 1894 TO 1916

YEAR	SCARLET FEVER	DIPHTHERIA	TYPHOID FEVER
1894	33.8	-	16.7
1895	16.2	126.6	23.2
1896	7.6	96.9	20.9
1897	23.5	59.6	14.3
1898	6.4	56.6	17.4
1899	14.2	51.7	-
1900	22.4	58.1	20.3
1901	9.2	41.2	22.8
1902	18.0	41.2	18.4
1903	26.7	45.1	23.7
1904	44.1	55.1	14.7
1905	15.9	38.8	14.1
1906	11.7	34.1	17.2
1907	13.7	31.7	23.0
1908	29.2	21.6	11.5
1909	22.5	33.8	12.5
1910	11.2	29.9	12.7
1911	6.0	21.0	10.5
1912	3.0	24.6	7.0
1913	6.9	28.9	7.9
1914	6.8	10.4	6.6
1915	1.6	13.1	2.9
1916	1.8	14.8	6.0

The deaths from epidemic meningitis amounted to 5.7 per 10,000 in 1916, as compared with 2.7 per 10,000 in 1915. These figures would indicate an increasing prevalence of epidemic meningitis in the community. It is probable that mild cases are escaping recognition and that susceptible material is present in the community in large amount.

MORTALITY FROM PRINCIPAL CAUSES OF DEATH PER 100,000 POPULATION, 1915 AND 1916.

DISEASES	1915	1916
Typhoid Fever	2.9	6.0
Measles	5.1	26.5
Scarlet Fever	1.6	1.8
Whooping Cough	6.9	6.5
Diphtheria . . .	17.3	14.8
Epidemic Meningitis	2.7	5.7
Poliomyelitis . . .	0.3	97.4
Influenza	4.5	11.7
Pulmonary Tuberculosis	192.8	177.9
Cancer	94.4	87.0
Apoplexy	75.2	89.1
Organic Heart Disease	134.4	128.8
Lobar Pneumonia	100.5	129.1
Broncho Pneumonia	50.7	68.6
Infantile Diarrhoea (under 5 years)	78.1	68.6
Bright's Disease	125.3	182.9
Accident	58.7	78.7

INFANTILE DEATHS

The mortality from infantile diarrhoea and enteritis under two years of age was 64.4 per 100,000. This is a low rate from this cause, on which the city may be congratulated and compares favorably with the rate of 80.0 per 100,000 estimated for the Registration Cities in 1913.

The mortality in this group is a barometer of the health conditions of the infant in any community. It is, also, a true preventable mortality, and this good showing for our city should spur us on to further efforts to reduce the death rate among babies, inasmuch as there is every reason to suppose that the infant mortality under two years of age can be made to reach the vanishing point.

DEGENERATIVE DISEASES.

In a survey of the city mortality for the past year particularly noticeable is the persistent high rate in mortality in another group known as the "wear and tear" diseases, including Bright's Disease, Organic Heart Disease, Apoplexy and Lobar Pneumonia.

These deaths occur principally within the limits of thirty to sixty-five years of age.

In comparison with 1915 our death rate from these diseases per 100,000 population is as follows:

	1916	1915
Bright's Disease	182.8	125.3
Lobar Pneumonia	129.1	100.5
Organic Heart Disease	128.8	134.4
Apoplexy	89.0	75.7

It will be seen that there is an increased mortality from all the above with the exception of Organic Heart Disease.

Bright's Disease and Apoplexy are definitely associated with the degenerative changes of late periods of life and belong to the chronic types of diseases. Lobar Pneumonia, although not belonging strictly to this group, is associated with definite conditions and frequently waits upon the lowered vitality incident to age.

That deaths from these causes are preventable has been shown by the recorded death rate of other countries, in which the rates for this cause have tended to fall, whereas

in this country the tendency has been for an increased mortality. In New Jersey there has been of late an increase in the deaths for ages above forty.

Year by year the deaths from degenerative diseases assume a greater importance in our mortality tables. How far such deaths are truly preventable in our present modes of living and in industrial occupations is a fruitful subject for discussion. There would seem to be more than one factor at work favoring the prevalence of such disease which would well repay our careful study and toward which our new concern for health maintenance is well as disease prevention requires to be more and more directed.

It is probable that in the majority of deaths from Bright's Disease the fatal termination was the end of an infection dating back to a childhood attack of Scarlet Fever or other epidemic disease. A single damaged organ may be equal to meet the needs of youth and the growing adult life. In later age periods the stress and strain of business worry, the excesses in eating and drinking, in occupation and in pleasure add their toll to an already overburdened machinery with the result that chronic processes are engendered in highly specialized organs which it is difficult or impossible to restrain. We have here a considerable indication that the control of childhood infections will eventually go far to diminish our death rate from Bright's Disease in the late age periods.

The increase in the Apoplexy rate would indicate a further failing away from the standards of right living. Apoplexy results as the final ending of a condition known as the one brought on by improper food, want of exercise and rest, in short, a life of perhaps mental activity without the minimum of regard to physical requirements. This condition is in many instances also the result of alcoholism and late syphilitic processes.

The mortality rate from Organic Heart Disease has somewhat diminished for 1916. Under this heading many

deaths were formerly included owing to an insufficient knowledge of the true cause of death. This was probably the case with many deaths due to cerebral hemorrhage or apoplexy, a too credulous physician frequently using organic heart disease as a convenient term to meet the necessity of giving some cause of death.

The deaths from organic heart diseases are similarly in the majority of cases the results of damage done to the heart by rheumatism, or scarlet fever in early life. A damaged heart will recover sufficiently to carry over the early adult years, but in the period of middle life when the results of stress and strain are greatest, the demand for continuous activity will search out and finally exhaust the reserve of such damaged organs.

For this reason it is particularly important to emphasize the necessity of prompt diagnosis and treatment of early rheumatic symptoms in children. Rheumatism is a mucous infection due to unhygienic surroundings and a disregard of the principle of right living.

The increasing mortality from Lobar Pneumonia indicates also that something is wrong with our modern way of living that renders the middle aged adult particularly liable to this disease. The prevalence is undeniably greater among males, 300 deaths out of 497. The greater number of deaths from this cause were between forty five and sixty-four years. A greater attention to air and exercise and a due appreciation of the value of the outdoor life in winter as well as in summer would do much to harden us against attacks of pneumonia.

CONTAGIOUS DISEASES.

The main event of contagious disease prevalence in 1916 was the outbreak of the epidemic of poliomyelitis, which is described elsewhere in this report.

DIPHTHERIA.

There were 123 cases of diphtheria, the case mortality was 61 and includes cases treated with and without anti-toxin.

The Sanitary Code of the city now requires that negative cultures be obtained from exposed persons where they are likely to mix with the public, especially with regard to children and workers in department stores. Due observance of this ordinance should go far to eliminate the healthy carrier whose unsuspected condition is frequently a cause of diphtheria's spread in families where there are children. Particular attention is merited by the report of the Bacteriologist in which attention is drawn to the fact that of 884 cases of diphtheria receiving anti-toxin, the case mortality was 4%, and of 39 cases that did not receive anti-toxin the mortality was 38%. Dr. Connolly states that the difference between the results of the two kinds of treatment is so clear that even when we allow for all kinds of error in arriving at conclusions we can in no way bring the final figures together.

It will be noted from the above statements that practically all cases of diphtheria in Newark are treated with diphtheria anti-toxin. There were only 39 out of a total of 123 cases that did not receive injections of the serum, so that the use of anti-toxin in this disease is generally regarded as routine."

A point of particular importance in connection with diphtheria prevalence is the observation that many cultures have been received for diagnosis on the same day on which the patient died. In this way the examination of cultures often takes place until 24 hours after death. This would indicate that parents or guardians of children do not seem to recognize the gravity of throat conditions in the very early stage, so that a physician is frequently not called until all chance of curing the diphtheria is gone.

SCARLET FEVER

There were 885 cases of scarlet fever reported to the city in 1916, the death rate being 1.8 per 100,000. The greatest prevalence of the disease was in March, April, May and June. The cases, however, were accompanied by a very low case mortality. Scarlet fever shows an increasing tendency to become less virulent, the mortality from this disease having decreased very materially within the last 20 years.

MEASLES.

In 1916 there were 8,283 cases of measles with 102 deaths ascribed directly to the disease, a case mortality of about 1.2. This is probably a low estimate, for in many of the fatal cases the cause of death is put down to a complication, usually broncho pneumonia.

The disease shows considerable difficulty in its control by the means now at our disposal. It is probable that some practical way of immunizing susceptible children will be evolved in the near future.

The fact that in measles the primary catarrhal stage before the appearance of the rash is infectious makes our quarantine and isolation measures and placarding of infected houses of little value. Such measures as we are able to take will not prove of any lasting benefit until the public recognizes the necessity of suspecting all cases of cold and catarrh among children during the prevalence of measles.

TYPHOID FEVER

The number of typhoid fever cases reported during the year was 126, being an increase of 18 over 1915. It is certain that this increase in the disease is not due to any water borne infection, for our water supply has been consistently above suspicion. By far the greater number were reported during the summer months of August and September and

early Fall, during which nearly half the cases (78) were reported. Investigation of the case history shows that these cases were infected outside the city. Those cases which did arise in the city were probably infected from food or from direct contact with healthy carriers of the typhoid bacillus.

WHOOPING COUGH.

It is satisfactory to realize a considerable decrease in the whooping cough prevalence in the community, there being only 824 cases reported during 1916, as compared with 1,844 in 1915. The adoption of the ordinance providing for the wearing of an armband by children suffering from whooping cough when in public places may have had considerable influence in reducing the exposure of susceptible children.

TUBERCULOSIS.

The prevalence of tuberculosis as indicated by the reported cases would show a considerable increase over 1915, there being 2,419 cases, as compared with 2,146 in 1915. By far the greater number of these tuberculosis cases are due to pulmonary tuberculosis. The death rate from tuberculosis heads the list of true preventable deaths with a mortality rate of 201 per 100,000 of population. Pulmonary tuberculosis alone was responsible for a rate of 177.9 per 100,000 in this city. The Newark death rate from pulmonary tuberculosis compares very unfavorably with that of other cities, notably

Chicago, with a death rate of 129.0 per 100,000.

Brooklyn, with a death rate of 134.9 per 100,000.

Buffalo, with a death rate of 140.4 per 100,000.

Boston, with a death rate of 146.1 per 100,000.

New York, with a death rate of 150.0 per 100,000.

Philadelphia, with a death rate of 170.3 per 100,000.

Newark's tuberculosis prevalence and mortality is too high, and we must as a community recognize the gravity of the figures herein set down. It must be remembered that the figures of tuberculosis prevalence by no means represent the actual number of such cases in our community. Upon the basis of a 10 per cent mortality alone there would be at least 8,000 cases of the disease in the city, indicating that not one third of the existing cases are known to the physicians.

THE REASON FOR TUBERCULOSIS PREVALENCE.

It is well known that workers in dusty trades are more liable than others to develop pulmonary tuberculosis. The dusty trades alone are not, however, the sole cause of excessive tuberculosis prevalence in industrial centers for the reason that every trade, profession and occupation is represented in our death records from the disease. We will have to go further afield for explanations for its prevalence in mixed communities. Due weight must be given in this regard to the importance of housing and home conditions of the worker as a powerful predisposing cause as well as to the social habits during work and during idle hours which culminate in a neglect to carry out simple and homely precautions of personal hygiene and personal protection. It is certain that by carelessness and indifference to personal safety almost anyone could develop tuberculosis were they so inclined.

CHILDHOOD INFECTION.

Within recent years much information has been obtained relative to the prevalence of tuberculosis in exposed children, and it has been shown that the child is more susceptible to the disease than the adult. In confirmation of this point the result of work carried out in our Dispensary Tuberculosis Clinics has shown that between 75% and 80% of all children exposed to tuberculous relatives at

home eventually became infected. It was further shown that a child may be infected for many years to become an active case of tuberculosis at some future time. It may well be that the childhood infection is the great reservoir which is feeding us our tuberculosis prevalence in young adult life. It is important to know that treatment in some form may prevent such cases becoming active at a later period.

THE NEED FOR SANATORIUM BEDS

The greatest need at this time is adequate hospital accommodation for our advanced cases where home conditions are bad and hospital treatment should be resorted to. The field work of the nurses of the Division of Tuberculosis is imperatively in need of additional beds for the cases urgently in need of care and attention. Indeed any intensive work by the nurses is impossible unless adequately supported by a sufficient number of beds to take all cases requiring hospital treatment. There are hundreds of patients in need of hospital treatment at this time, and many die before accommodation can be found for them.

The two hundred beds available in the County and City Sanatoriums for tuberculous cases are inadequate for the great number requiring hospital treatment in the city. The minimum number of beds to adequately care for tuberculosis cases suggested at the New Jersey Joint Conference on Tuberculosis held in December was one bed for each death from tuberculosis.

Seeing that last year our deaths from tuberculosis numbered 177, we should have at least eight hundred beds provided at once by the Board of Freeholders.

INFECTED FOOD HANDLERS

The inadequate number of beds available for open cases of tuberculosis becomes a particular menace to the public health because of the many food handlers who are com-

elled to follow their occupation until exhaustion forces them to seek the charity of relatives or relief associations.

The Director of the Division of Tuberculosis reports that up to November 1st 1916, 123 food handlers suffering from tuberculosis were following their occupations of butchers, beef handlers, waiters, cooks, confectionery assistants, bakers, fish dealers, grocery clerks and restaurant keepers.

Eighty three handle drink as bartenders, saloon keepers, soda clerks and milk dealers. There were also thirty nine cases reported with the occupation given as cigar smokers, and thirty-seven cases reported with the occupation given as barbers.

PNEUMONIA.

During 1916 there were 2,633 cases of pneumonia reported, of which 1,577 were lobar and 1,056 broncho pneumonia.

There seems to be a greatly increased prevalence of lobar pneumonia. Many of these cases are amongst colored laborers who had come North to supply deficiency of labor in the various factories of the city. The death rate among colored people suffering from pneumonia is very high and they seem to have very slight resistance. Particularly is this the case where there has not been any period of time for the proper acclimation of such individuals.

Our long and cold winter is only withstood by natives from the South who have had at least six months or more residence in this locality. It would be extremely desirable that such importation of labor be done in the Spring or Summer months, otherwise it is an economic mistake to bring this class of people here, who are physically unprepared to meet the conditions found in this climate.

Bound up with the colored labor problem at present in this community is the question of housing. There seems to be a singular deficiency of apartments or tenement buildings where colored people can be housed by themselves. It

would seem that there is considerable opportunity for a safe investment in the building of suitable tenements or multiple family houses for this purpose. There are also many social and sanitary problems to be solved in connection with the character and the ways of living among colored people, seeing that they are invariably different from the accepted standards of our Northern climate.

There is a considerable increase in the necessity for sanitary supervision, and it has been our experience that much additional work will be required by the various organizations working amongst colored people, so that they may be instructed and informed as to the best ways to live.

THE CAUSE OF CONTAGIOUS DISEASES

In 1916 there were 12,801 cases of contagious disease in Newark, every one of which was infected from a preceding case. Of this number alone 8,583 were cases of measles. In all instances they were reported by physicians, the premises were placarded by the Board of Health, every family was visited by our Health Inspectors, who advised as to isolation and quarantine of the infected individual.

Seeing that the knowledge that measles, diphtheria, scarlet fever and whooping cough are spread by infected nose and mouth secretions is well known in the community, why, therefore, do these diseases exist in so widespread and unchecked a manner among us?

The explanation of all this is simple. The failure of the attendant and the family to recognize the necessity of observing the most elementary rules of isolation and quarantine. It presumably is the result of total disregard of known instructions given by physicians or reluctance to admit the presence of infection in the family. It is plain that contagion is not recognized in the home, and if any isolation rules are observed they are so lax as to be useless. It shows as if the prevention of contagion was regarded as

the function of the Board of Health instead of being, as it should be, the duty of everyone in the home circle.

This laxity in carrying out the simple rules of isolation has been ascribed to the too great reliance placed upon the effectiveness of terminal fumigation to protect against infection. Be this as it may, there is evident a woeful neglect of proper precautions in the homes of the people. Control of contagious disease is simple and rests upon the knowledge that the patient is the infective agent until the isolation period has passed. A radical change in the appreciation of the responsibility in the individual and the public is no more necessary than in the homes where contagious diseases exist. The only remedy for this state of affairs is a closer supervision of cases of contagious disease. There is no more effective work than that carried out on these lines by visiting nurses, and there is great need of such being provided for our Division of Contagious Diseases, where they will have an opportunity of going into the homes of the people and giving the requisite instructions to parents and guardians of children as to the duty of such in protecting the public against infection. A proper view of the necessity of isolation in contagious diseases can also be adequately given through the efforts of the attending physician. The doctor is required by the State Sanitary Act of 1917 to so instruct the parents and attendants and the fact cannot be too frequently emphasized that the physician himself by his training and knowledge represents the Board of Health, which stands behind him in his efforts to enforce the proper and safe isolation in contagious disease.

It remains that the effective elimination of childish diseases must come from the public itself and from the homes of the people first. The duty to one's neighbor must be more clearly defined as well as the duty to the child.

The control of contagious disease might well be included in the curriculum of the public school and in that of our

colleges, it could with advantage be taught in women's clubs and in places where the women of the household can be reached. The institution of proper isolation and quarantine measures is as much a personal and family affair as it is a Board of Health business. It is time that parents became familiar with all these things and that they should insist upon up-to-date and scientific treatment in all cases that the other members of the family be not only protected by rigorous isolation, but also be given the immunity provided by protective vaccines and sera furnished for each disease. The Board of Health cannot supervise every case of contagious disease every day, and always must depend very largely upon the honesty and public spirit of parents to carry out proper measures of isolation and quarantine as well as upon the very useful co-operation of the attending physician.

Respectfully,

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Health Officer.

POLIOMYELITIS*

SOME FEATURES IN CITY PREVALENCE

By CHARLES V. CRASTER, M. D., D. P. H.,
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HISTORY

The wave of infantile paralysis in 1916 appears to have been the crest of a prevalence curve which has been increasing in height since 1907, in which year the city of New York experienced an epidemic of 2,500 cases. This was the first large visitation of poliomyelitis in the United States.

TABLE I -DISTRIBUTION OF CASES.

MONTH	CASES	DEATHS
July	327	97
August	883	226
September	150	40
Total	1,360	363

It is probable that a fresh impetus was given to the disease in America from that date as a result of direct infection brought from Europe for the reason that the unusual prevalence of poliomyelitis in Norway and Sweden in 1904 and 1905 spread rapidly to the contiguous countries.

It is certain that prior to 1907 poliomyelitis had not shown the same disposition to spread widely among exposed populations, and that the rural population suffered more than that of the cities. The cases in Louisiana in 1841, recorded by Colmer, were few in number. The only epidemic of large size on record previous to 1907 was that of Rutland, Vt., in 1894, in which there were 132 cases and

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eighteen deaths. The increase in the spreading power of the disease within recent years may be explained on the assumption that a new and powerful virus has been at work among the susceptible population.

It is unlikely that any modern living conditions are factors which are producing a hypersusceptibility. Be that as it may, it is evident that since 1907 the disease has established itself throughout the United States. In 1913 it was reported as being present in thirty six States of the Union in that year there were 5,093 cases and 825 deaths.

For the reason that the epidemiology of poliomyelitis is sufficiently known to establish its status as a contagious disease, it was natural to expect that Newark would not escape infection when the disease became epidemic in New York during the last week of June, 1916.

The two cities are separated by less than thirty minutes' journey by rail, and there are many similarities to New York in the make up of Newark's mixed population of 400,000.

This conjecture was verified by subsequent events, and there is every reason to suppose that the invasion of Newark by the disease was encouraged by the ready accessible transit facilities between the two cities.

Statistics show that poliomyelitis is constantly present in cities as well as in rural communities in small foci of prevalence. This endemic type however, is of low virulence, there is little inclination to spread unduly among the population, and the mortality is low. In the six years previous to 1916 there were ninety five cases of infantile paralysis reported in Newark with four deaths, a case mortality of a little more than 4 per cent.

The monthly incidence of poliomyelitis in Newark in 1916 corresponded to the observations of Lovett and Richardson in Massachusetts in 1909 and 1910.

In the three months of July, August and September, 1916, there were 1,390 cases of the disease reported in Newark with 363 deaths, a case mortality of 26.3 per cent.

The incidence curve was highest during the week ending August 12, when 260 cases were reported. The highest case mortality was in the third week of July, when 37.5 per cent of the cases had a fatal termination. After this date the decline in incidence and mortality was consistent, so that in the last week of September there were but twelve cases and one death.

TABLE 2.—POLIOMYELITIS CASES AND DEATHS BY SEX AND AGE AT NEWARK, N. J., JULY 3 TO SEPT. 30, 1916, INCLUSIVE.

AGES	MALES		FEMALES		TOTAL		Case Mortality
	Cases	Deaths	Cases	Deaths	Cases	Deaths	
1 month	2	2	1	1	3	3	100.0
2 months	7	3	5	1	12	4	33.3
3 months	4	1	3	0	7	1	14.3
4 months	9	4	4	0	13	4	30.8
5 months	5	3	3	1	8	4	50.0
6 months	12	7	12	3	24	10	41.7
7 months	12	5	9	5	21	10	47.6
8 months	11	4	9	0	20	4	20.0
9 months	12	1	10	1	22	2	9.1
10 months	13	4	13	6	26	10	38.5
11 months	15	4	11	1	26	5	19.2
Under 1 year	162	38	80	19	182	57	31.3
1 year	157	50	128	43	315	93	29.5
2 years	169	56	125	26	294	82	27.9
3 years	137	30	83	15	220	45	23.5
4 years	79	19	50	14	129	33	25.6
Under 5 years	674	193	466	117	1140	310	27.2
5 years	39	9	31	7	70	16	~ 5
6 years	22	7	24	6	46	13	~ 3
7 years	11	1	15	1	26	2	~ 1
8 years	11	0	2	0	14	0	~ 0
9 years	4	2	7	1	11	3	~ 3
From 5-9 years	87	19	80	15	167	34	20.4
10-14 years	14	6	13	6	27	12	44.4
15-19 years	2	1	5	0	7	1	14.3
20-24 years	3	1	4	3	7	4	57.1
25-29 years	1	1	3	0	4	1	25.0
30-34 years	1	0	1	0	2	0	0.0
35-39 years	5	1	0	0	5	1	20.0
40-44 years	1	0	0	0	1	0	0.0
Total, all ages	788	222	572	141	1360	363	26.7

The highest weekly prevalence of poliomyelitis—August 12—was accompanied by a mean temperature of 76 F., the highest but one of all the summer, and a mean humidity of 69 per cent; the total rainfall for the week was also low. During the week previous to the highest incidence, the highest mean temperature and the least rainfall of the whole summer occurred, and the mean humidity at the same time was low.

The case mortality throughout the epidemic, indicating perhaps a fluctuation in the virulence of the infecting germ, varied considerably during the three months in question. Apparently there was an initial high mortality for the week ending July 22, 37.5 per cent of the cases. A high mark was reached again in the week ending September 9, 35.5 per cent of the cases, and again for the week ending September 23, when 33.3 per cent of the cases had a fatal termination.

WARD DISTRIBUTION.

The first case of epidemical poliomyelitis appeared, July 3, in the Tenth Ward (Fig. 1). By July 8, the end of the first week of the epidemic, there were ten cases reported from this ward as well as two from the Thirteenth Ward, and one each from the Fourth and Fourteenth Wards. The Fourth Ward is contiguous to the Tenth. The Thirteenth and Fourteenth Wards are separated from the Tenth by three city wards.

From this it would seem that the infection was of a multiple nature and arose from more than the one focus in the Tenth Ward. The appearance of the pin map of the first hundred cases (Fig. 1) suggested the existence of two areas of prevalence. A primary area with the Tenth Ward as a starting point, which eventually embraced the Fifth and Twelfth Wards, and a secondary area, sharply defined, which included a very congested and thickly populated neighborhood, comprised the Third, Fourteenth, Thir-

teenth, Sixth, Seventh, Fifteenth and Sixteenth Wards (Fig. 2)

Some areas especially noticeable in the second pin map indicate a division into even smaller groups, notably one of

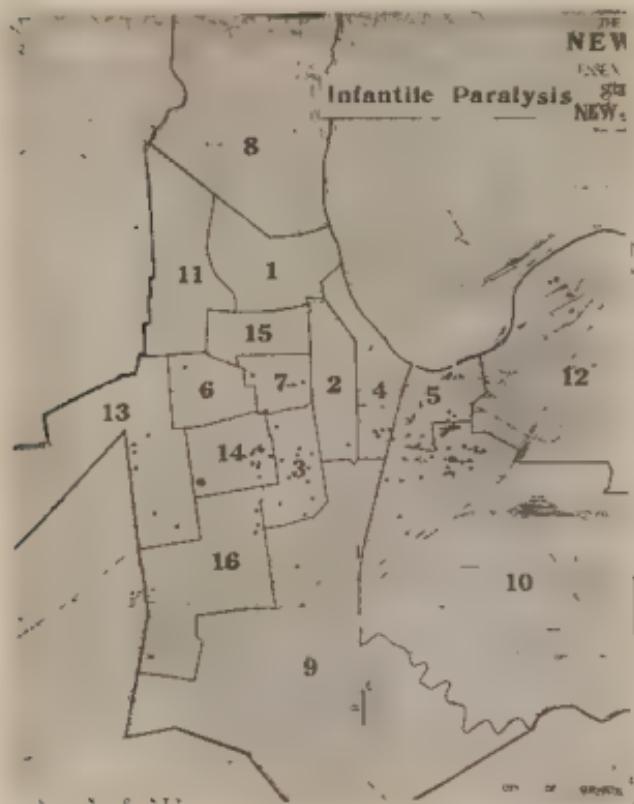


Fig. 1 - The first hundred cases at Newark N. J.

seventeen cases sharply circumscribed in the Twelfth Ward (northeast corner, Fig. 2), one of fifteen cases at the outer boundary of the Eighth Ward (north part, Fig. 2), and

another one of twenty three cases in the eastern side of the Thirteenth Ward.

In the primary area, the first to become infected, the Tenth Ward, has a population consisting of Italmans, Russians, Poles and Polish Jews. These people are junk deal-

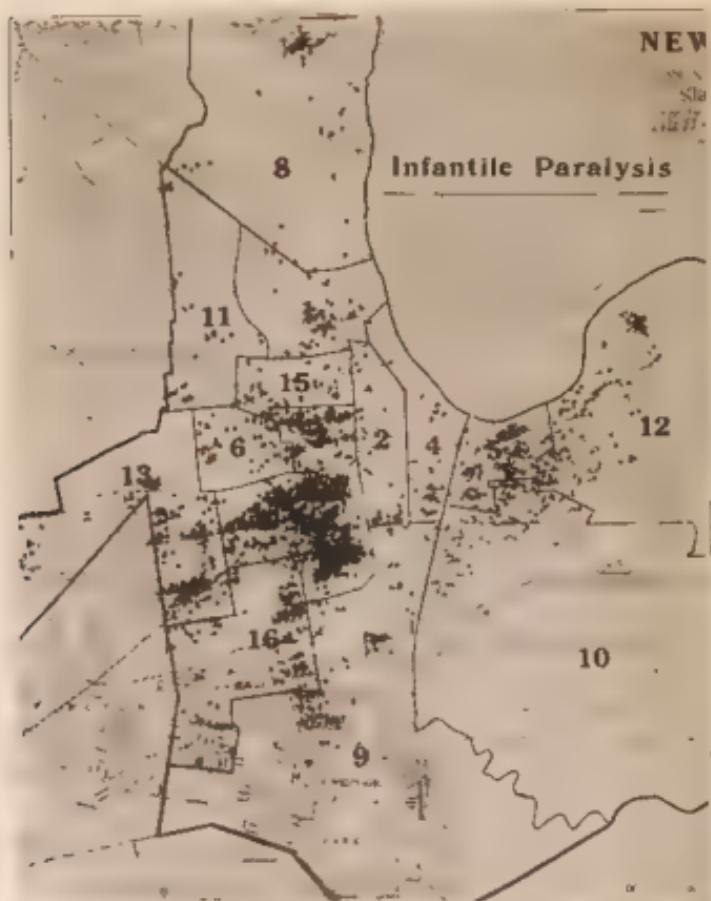


Fig. 2—Complete cases, July, August and September, 1916.

ers, rag peddlers, laborers and keepers of small stores. There are also a few factories in this area. The secondary area is made up of a population comprising Russian and

Polish Jews, with some Italians and Germans. Every kind of small family industry is carried on in the homes in this section, which is probably the most congested part of the city. There are many tenement houses, the sanitary conditions of which are not of the best.

The Tenth Ward, infected first, attained its maximum of cases in the week ending July 15, after which the prevalence rapidly declined, showing a deficiency of suitable epidemic material. The case mortality, however, was high, 37.5 per cent., the second highest of all the wards. The picture presented in the ward map shows how the cases rose gradually to a pinnacle and then slowly declined, each ward reaching its highest incidence in different weeks of the epidemic.

By the end of the second week of July, ten city wards out of sixteen had been invaded by epidemic poliomyelitis.

Cases from all sixteen wards were not reported until August 5, the fifth week of the epidemic.

POSSIBLE FACTORS OF SPREAD.

The first case of epidemic poliomyelitis was reported, July 3, 1916, in a nursing baby in the family of an express driver, whose business duty took him to Brooklyn and New York, where he delivered and collected express packages between the two cities. There was no history of exposure to infection other than this, no member of the family had been out of Newark in many months.

In the total number of 1,360 cases during the three months of July, August and September a direct history of exposure to a previous case was obtained in seventy nine instances. In none of these cases could any infection be traced to schools or to any one common point of origin.

TABLE 3 PERCENTAGE DISTRIBUTION

AGES	MALES		FEMALES		TOTAL	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Under 1 year	12.9	17.1	14.0	18.5	13.4	15.7
1 year	23.7	22.5	22.4	30.5	23.2	25.6
2 years	21.4	25.2	21.9	19.4	21.6	22.6
3 years	17.4	13.5	14.5	10.6	16.2	12.4
4 years	10.0	8.6	8.7	9.0	9.5	9.1
Under 5 years	25.5	26.9	21.5	23.0	23.8	25.4
5 to 9 years	11.0	8.6	14.0	10.6	12.3	9.4
10 to 14 years	1.8	2.7	2.8	4.8	2.0	5.3
15 years and over	1.6	1.8	2.8	2.1	1.9	1.9
Total	100.0	100.0	100.0	100.0	100.0	100.0

In sixty six instances more than one case appeared in the family, and in two instances three cases arose in the same family. When more than one case occurred in the same house the interval between the times of onset was brief. In twenty families the second case occurred the same day, in seven, within twenty four hours; in nine within forty eight hours, in six, within three days, and in eight families, within four days. In two families in which three cases were reported the interval between the second and third cases was four and five days, respectively.

The milk supply showed that 26 families used raw milk, 533, pasteurized milk, 442, cows' milk, and 148 families used no milk.

No definite relationship could be established in the number of rooms occupied by families and the cases of poliomyelitis developing in these families.

In view of the fact that from 50 to 60 per cent. of all the cases reported were treated in hospitals there must have been occasions when infection might have been spread from sick children to the well in the hospital wards, and yet not a single instance of this nature was reported during the period of the epidemic.

The history of the cases reported during the first week

in July did not appear to suggest any definite common origin of infection. Briefly the occurrence of these cases was as follows:

CASE 1. In the Tenth Ward, in the family of an express driver to Brooklyn. The baby was breast fed. There was no history of exposure.

CASE 2. In the Fourth Ward eleven blocks from the first case. The physician and the milk and food supply were different. There was no history of exposure.

CASE 3. In the Tenth Ward, one and one half blocks from the first case, in the family of a junk dealer. There was no history of exposure.

CASE 4. In the Tenth Ward, four and one half blocks from the nearest case, in an Italian family. The patient was a nursing baby. There was no exposure.

CASE 5. In the Thirteenth Ward, 1½ miles from the nearest case, in the family of an Italian, the driver of a milk wagon. There was no exposure.

TABLE 4.—CASE FATALITY (DEATHS IN EVERY HUNDRED CASES)

AGES	Cases	Deaths	Percentage
Under 4 months	22	8	36.4
4 months to 1 year	162	49	30.6
Under 1 year	182	57	31.3
1 year	315	93	29.4
2 years	294	82	27.9
3 years	220	45	20.5
4 years	129	33	15.6
Under 5 years	1,140	310	27.2
5 to 9 years	167	34	20.4
10 to 14 years	27	12	44.4
15 years and over	26	7	26.9
Total, all ages	1,360	363	26.7
Total males	788	222	28.2
Total females	572	141	24.7

CASE 6 In the Tenth Ward, in an Italian family. The patient was a breast fed baby, a cousin of the fourth patient. There was history of exposure.

CASE 7 In the Tenth Ward, four blocks from the nearest case in an American family. There was no exposure.

CASE 8 In the Tenth Ward half a block from the nearest case in a Polish family. There was probable exposure.

CASE 9. In the Tenth Ward, two blocks from the nearest case. There was no evidence of exposure.

CASE 10. In the Tenth Ward, six and one half blocks from the nearest case, in an American family. There was no exposure.

CASE 11. In the Tenth Ward two blocks from the nearest case, in an American family. There was no exposure.

CASE 12. In the Fourteenth Ward, a mile from the nearest case, in a Jewish family. There was no exposure.

CASE 13. In the Thirteenth Ward, in the family of a German, a chauffeur for the City Hospital ambulance. There was no exposure. The nearest case was at a distance of five blocks.

CASE 14. In the Tenth Ward in an Italian family. The father of the patient was a street leaner. There was no exposure. The nearest case was half a block away.

DISTRIBUTION AND MORTALITY.

Males appeared to be more susceptible than females to poliomyelitis, the number being 788 males and 572 females. The type of disease in males would also appear to be severe, the case mortality for males being 28.3 per cent of recorded cases as compared with a case mortality of 24.7 per cent. for females.

Of all the patients, 83.8 per cent were under 5 years of age and 82.4 per cent of the deaths were at this age. Under the age of 5 years the greatest incidence was at the 1 year period, 23.2 per cent, as was also the percentage of mortality to all deaths, 25.6.

The case mortality for all ages was 26.7 per cent.; at 1 month of age the case mortality was 100 per cent.

Under 1 year, 31.3 per cent. of the cases were fatal, under 5 years, 27.2 per cent., and between 5 and 9 years, 20.4 per cent.

Between 20 and 24 years the disease appeared to manifest unusual virulence, a case mortality of 57.1 per cent. being recorded. Similarly, between 10 and 14 years the fatality was 44.4 per cent. All the monthly age periods under 1 year showed the fatality to be also unusually high.

The incidence rate in Newark, 3.3 per thousand population, was considerably higher than in New York City, 1.8, and in Hoboken and Jersey City, each of which had a rate of about 1 per thousand population.

CLINICAL TYPES AND DIAGNOSIS.

Of the clinical types of poliomyelitis, so exhaustively described by Wickman, Fruenthal and others, the spinal predominated. In this class of cases, few symptoms of gravity were present. The onset was usually of such mildness that the lameness resulting from paralyzed muscles or groups of muscles was frequently the only complaint by children to parents or guardians.

This frequently brought about stories of falls and minor accidents as the cause of the inability to use a limb. The explanation by physicians of the true nature of the disease was frequently received with incredulity. At the beginning of the epidemic, during the third week many fatal cases of the medullary and pontine types were observed, with respiratory involvement. Our experience in this line tended to confirm the observations of Wickman and Fruenthal that this type furnished by far the greater number of fatalities.

The laryngeal distress and other throat symptoms at times brought about a diagnosis of diphtheria, further

observation showing it to be infantile paralysis. The case mortality in the third week was 37.5 per cent., and indicated the presence of a virulent infection.

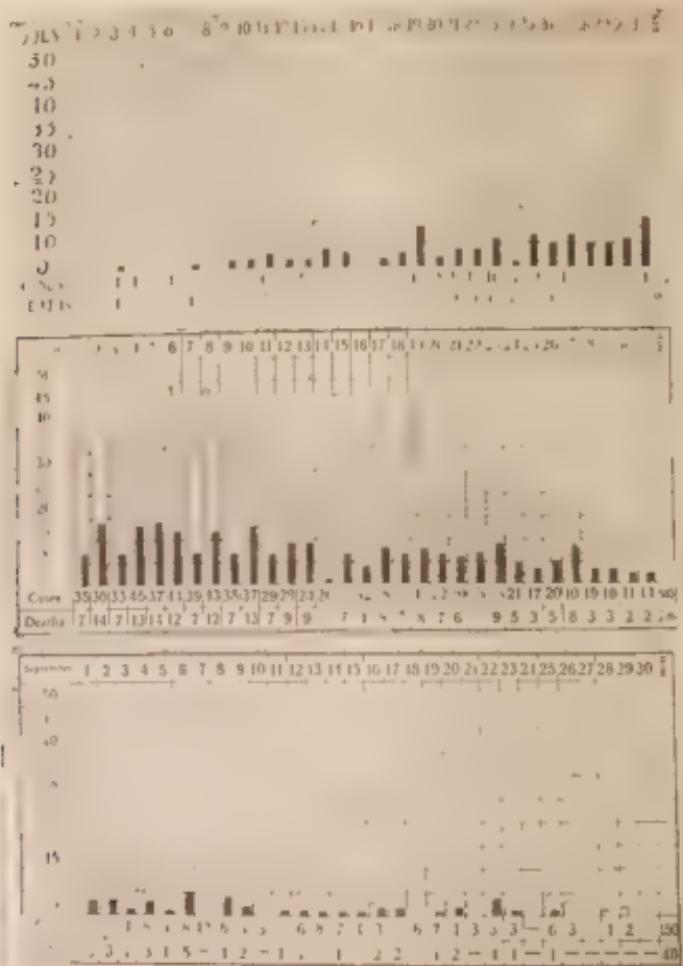


Fig. 3. Incidence and mortality, July, August and September.

Reports of sudden deaths of infants were frequent at this time. When subsequent necropsy was possible, a diagnosis of pneumonia frequently resulted. Gastrointestinal symptoms, diarrhoea and colic did not attend the

initial symptoms. Constipation was present in the majority of cases, in this way confirming the observations of other investigators on the onset of the disease.

Of the meningeal types observed, some difficulties may have arisen in differential diagnosis from cerebro spinal fever. The rapid onset of paralysis, however, usually cleared up the diagnosis.

Patients who recovered from poliomyelitis with meningeal symptoms did not usually have any permanent paralysis, the reason for which is no doubt anatomic.

In the diagnosis of doubtful cases, the cardinal tests relied on were a positive Kernig's sign; stiff neck, spinal rigidity, as shown by inability to flex the spine by gentle pressure in the cervical and sacral regions, the body being held elevated at these points and spinal tenderness or even actual pain in attempting to rotate or bend the spinal column. Impaired reflexes were constant in nearly all situations. It was remarkable how frequently a cursory examination without the knowledge of the tests necessary for giving a correct judgment was made the basis of a negative report by physicians.

A careful examination made by one fully conversant with the knowledge that an attack of poliomyelitis leaves behind it lowered reflexes and lessened muscle tone seldom failed to demonstrate convincing signs of spinal tenderness or a paralysis of muscles previously overlooked.

PATHOLOGIC NOTES.

Dr. Harrison Martland, the city pathologist, was enabled to carry out thirty necropsies in fatal cases of poliomyelitis.

The following are Dr. Martland's observations:

Gross Pathology of Poliomyelitis.—Usually the child is from 1 to 5 years of age, and well nourished, very few are emaciated. There is a peculiar pallor to the body.

Lesions Showing the Brunt of the Attack is on the Central Nervous System.—In the brain there is intense acute encephalitis,

the gray matter having a characteristic color ranging from a pinkish gray to a scarlet, copper, purplish hue. This color I have not seen in any other conditions with the possible exception of tetanus, rabies or some cases of acute traumatic encephalitis. It never occurs in most of the common meningitides. The color does not seem to be mentioned in the literature, although I know that several well known pathologists have observed it. I have been able to diagnose poliomyelitis cases from this color having substantiated it by other findings. The meninges are quite free and clear to the naked eye, and even in the meningitic type of case nothing is seen with the naked eye, although the section may show a considerable lymphocytic infiltration of the pia-arachnoid. I have seen internal hemorrhage only once and then it was very moderate in extent.

The cord shows little from the meningeal surface except active hyperemia. The meninges of the cord in some cases are distinctly edematous. I have never seen the softening of the cord described by some observers. The superficial vessels are injected. On cut section through areas showing typical lesions a rather characteristic picture is seen. The gray matter of the cord shows as a distinctly prominent gray H. In this gray matter and usually in the anterior horns one or more bright red spots can be seen. These spots are not, however, always confined to the anterior horns, but may appear in the posterior horns particularly in Clark's column. There is sometimes a pinkish color to the white matter of the cord, especially in the anterior columns.

The medulla and pons show little but active hyperemia. Under the microscope there are extensive lymphocytic foci, perivascular and diffuse through the vital centers, with edema and chromatolysis in the neurons.

The nervous system bears the brunt of the attack. The patients always die of medullary involvement, with respiratory paralysis. The process is a diffuse interstitial inflammation of the central nervous system, which can be localized more severely in certain patches throughout the nervous system, thus giving rise to any symptom occurring in nervous diseases, similar in some respect to multiple sclerosis. For the present the name of Heine-Medin disease is perhaps preferable, as it is impracticable to give it any anatomic name.

Lesions Caused by Mode of Death.—As death occurs from respiratory paralysis in over 90 per cent of cases and this is due to the inflammatory process invading the medulla and respiratory

centers, the following lesions as seen in cases of asphyxia are more or less present. Lungs: Pleural ecchymoses, parietal and visceral. Acute interstitial emphysema, with blebs under the visceral pleura. Heart: Right heart dilatation with dark blood. Pericardial and sometimes endocardial ecchymoses.

Lessons Due to Bacterial Nature of Disease—Toxic.—Heart: Cloudy swelling. Liver: Cloudy swelling. Kidneys: Cloudy swelling to a toxic and degenerative tubular nephritis.

Lessons Which Would Suggest Portals of Entry of Germ.—Intestines: Small, pinkish hyperplasia of Peyer's patches and solitary follicle with pinkish hyperplasia of mesenteric glands. Colon: Follicular colitis with hyperplasia of solitary follicles. Mucosa: Nasal and tonsils in cases examined were quite free and clear; also throat mucosa.

COINCIDENT PARALYSIS IN DOMESTIC ANIMALS.

From the beginning, poliomyelitis was looked on as a contagious disease, much attention being paid to the paralysis occurring in domestic animals on the supposition that animals were responsible for the spread of the infection. During July, August and September, 1916, cases of paralysis in animals were brought to the attention of the Board of Health.

Considerable interest was aroused as to the possible relationship between such pathologic conditions among animals and the existence of poliomyelitis cases in children.

Dr. Harrison Martland investigated four of these paralysis cases and submitted the following conclusions as the result of his investigations on one horse, two dogs, and one cat.

ANIMAL 1—Fox terrier dog had paralysis of the hind limbs extending to the fore legs, and died with convulsions. Acute encephalitis was found. The gray matter was pinkish. There was active hyperemia of the cord with a suggestion of punctate red spots near the anterior horns. Microscopic examination of the brain and cord revealed suggestive viral cell infiltration in the

TABLE 5. WEEKLY WARD DISTRIBUTION OF POLIOMYELITIS CASES AND DEATHS

DATE	WARDS													Total cases	Total Deaths	Case Mortality	Temp- erature Mean	Humid- ity Mean	Total Rain- fall			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16						
July 8	-	-	1	-	-	-	-	9	-	-	2	1	-	-	-	-	13	2	15.4	73.6	64.1	0.16
July 1	-	5	1	6	24	-	-	17	-	4	3	9	-	7	-	-	56	18	32.1	74.6	68.6	0.89
July 22	1	2	1	4	15	-	3	2	6	-	4	3	2	-	3	-	64	24	37.7	75.0	77.6	0.44
July 29	1	15	32	2	25	1	5	2	2	14	-	8	11	12	8	8	141	36	25.5	75.3	76.4	2.37
August 5	4	3	46	6	25	-	-	2	13	12	4	33	15	17	4	31	93	72	30.3	77.1	56.7	Trace
August 12	6	11	11	3	12	12	20	2	13	16	4	18	16	37	4	24	120	67	25.9	76.0	66.3	0.34
August 19	7	6	36	9	6	16	1	29	4	6	20	31	26	6	21	39	44	19.1	75.6	78.6	1.47	
August 26	3	2	9	6	8	11	4	10	4	2	16	2	3	10	7	1	180	49	28.4	77.0	54.6	Trace
September 2	5	2	7	2	1	8	4	5	12	2	1	9	15	9	4	3	89	24	27.0	70.7	58.8	0.03
September 9	2	1	2	-	3	3	9	4	3	1	3	1	5	3	4	6	4	16	30.6	71.7	69.7	0.37
September 16	3	3	3	1	1	1	1	5	1	2	3	6	2	5	1	1	35	7	18.4	67.7	56.7	1.79
September 23	2	-	1	-	-	-	8	1	-	1	2	-	3	1	1	1	30	10	43.3	60.8	59.7	1.12
September 30	1	-	-	1	-	-	-	2	2	-	-	1	2	2	1	1	12	1	8.8	60.9	56.1	0.38
Total cases	45	45	563	58	102	70	81	36	87	88	23	115	146	136	43	113	1360	363	26.7			
Total deaths	18	11	49	5	31	15	24	11	21	43	3	28	36	42	14	22	1	1				
Case mortality	40	0.34	4.24	1.17	0.30	4.30	0.30	0.30	0.624	1.37	5.13	0.24	3.91	7.76	9.32	6.10	5					

cord but no typical lesions of human poliomyelitis. Examination of the lungs revealed bronchopneumonia. There was cloudy swelling in the heart muscles, kidneys and liver, and acute splenitis.

Three fox terrier puppies inoculated in the subdural space with emulsion of this dog's brain and cord in 50 per cent glycerin gave negative results. Several attempts were also made to inoculate dogs by an intracranial route with emulsion of brain and cord from human poliomyelitis patients but with negative results in all cases.

ANIMAL 2. Small fox terrier puppy had supposed well marked paralysis of the hind limbs. Moderate encephalitis was found. The cord showed a few red spots in the gray matter near the anterior horns. Microscopic examination revealed an active hyperemia in the lower cord with diffuse lymphocytosis. Later examination of the cord from normal dogs revealed a considerable number of small round cells, and as the lesion in this case was not at all perivascular, it may be assumed that the numerous small round cells are not abnormal. The main pathologic condition did not indicate poliomyelitis. The cause of death appeared to be a distinct encephalitis with hemorrhage in and near the anterior horns of lower cord.

ANIMAL 3. Cat had respiratory difficulty, and paralysis of the hind limbs. A diphtheritic membrane in the larynx was found, covering the vocal cords. Smears revealed the presence of bacilli resembling the K. ebs-Loeffler bacillus with cultures negative. The brain and the cord were negative for poliomyelitis.

ANIMAL 4.—Horse with symptoms of hindleg paralysis was shot. Thrombosis of the mesenteric veins, and acute nephritis were found. The brain and the cord were normal.

COMMENT.

There is a considerable and variable number of diseases in domestic animals presenting clinical symptoms of paralysis of sudden onset resembling human poliomyelitis. Gross and microscopic anatomic examination have failed, however, to reveal any resemblance to the lesions found in human or experimental monkey paralysis.

TABLE 5 WEEKLY WARD DISTRIBUTION OF POLIOMYELITIS CASES AND DEATHS

Date	Wards															Total Cases	Total Deaths	Case Mortality	Temperature Mean	Humidity Mean	Total Rainfall		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16							
July 8																	11	2	18.4	33.6	64.1	0.16	
July 15																	18	32.1	74.0	68.0	38.0		
July 22	1	2	11	4	10		3		2	9	7	4	3	9		3	64	24	37.3	77.6	24.4		
July 29	1	15	92	2	25	1	5	2	9	14	8	1	12	3	3	3	141	36	25.0	75.3	23.3		
August 5	4	3	46	6	27	1	2	12	12	4	35	5	15	4	31	23	72	20	77.1	56.7	1.0		
August 12	6	1	57	3	1	2	3	2	11	16	4	18	1	37	4	24	67	15.3	76.0	66.3	0.34		
Aug 1st 19	17	6	3	2	2	4	9	16	2	4	6	20	2	26	6	21	25	44	19.1	71.0	38	47	
Aug 1st 26	3	2	4	3	6	7	8	11	4	17	4	9	10	20	3	10	7	1.0	42	18	77.3	51.6	Trace
September 2	2	2	7	2	1	8	4	2	9	2	1	3	15	2	4	3	84	21	27.0	70.7	58.8	0.03	
September 9	2	1	6	3	3	2	2	4	3	1	3	1	7	3	4	6	45	10	35.0	53.7	60.7	0.37	
September 16	2	3	3	1	1	1	1	1	5	1	2	3	6	3	5	1	98	7	18.4	67.7	50.7	1.17	
September 23	2	1	1	1	1		1	8	1	1	2	9	3	1	1	3	10	35.3	60.8	50.7	1.12		
Sept 1st 40	1		1						2	9		1	2	1	1	1	12	1	8.3	90.9	50.1	0.38	
Total cases	45	45	203	28	100	30	81	35	67	86	23	115	146	56	44	113	398	40.3	26.7				
Total deaths	18	11	49	5	31	5	24	11	21	33	3	28	36	42	14	22							
Case mortality	40.0%	4.4%	1.17%	2.0%	4.30%	0.0%	0.0%	6.24%	1.37%	5.13%	0.0%	24.3%	7.4%	9.32%	6.19%	5							

cord but no typical lesions of human poliomyelitis. Examination of the lungs revealed bronchopneumonia. There was cloudy swelling in the heart muscles, kidneys and liver, and acute splenitis.

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COMMENT.

There is a considerable and variable number of diseases in domestic animals presenting clinical symptoms of paralysis of sudden onset resembling human poliomyelitis. Gross and microscopic anatomic examination have failed, however, to reveal any resemblance to the lesions found in human or experimental monkey paralysis.

Paralytic diseases in the lower animals appear not to be at all uncommon, and their recorded prevalence during epidemic times is due to the increased attention paid to such conditions in man.

There is no reason to suppose that the lower animals play any part in the spread of human poliomyelitis, and it is extremely doubtful if poliomyelitis exists among them

SUMMARY.

There is every reason to suppose that the infection of poliomyelitis was carried from the original focus in Brooklyn to Newark in July, 1916.

The first case occurring in the family of an express driver who went daily to Brooklyn suggests an adult means of infection.

Nearness to New York and Brooklyn undoubtedly was a factor in the endemic prevalence of poliomyelitis in Newark. Direct exposure to previous patient was known in seventy nine instances among 1,360 cases.

No nationality or condition of social life was exempt from infection.

Two cases in one family were reported sixty-six times.

Infection by food was not suggested, nor could any sanitary condition other than that existing in congested areas be shown to have any bearing on disease incidence.

No definite focus of disease was traced to schools.

There was no case of contact infection in hospitals.

The endemic type of poliomyelitis has a case mortality of 4 per cent, and an epidemic case mortality of 26.3 per cent.

Seasonable prevalence is highest in August, associated with a high mean temperature and a low mean humidity and rainfall.

Cases of poliomyelitis in Newark appear to have begun from multiple foci and not from a single focus of infection from which the whole community was attacked.

Small areas of incidence indicate the spread of infection from one exceptionally virulent case.

Of all those attacked, 83.8 per cent were under 5 years of age.

Of all those who died, 85.4 per cent. were under this age.

Males were more susceptible to the disease than females.

Spinal types of the disease predominated, and many mild cases were observed suggesting a much wider prevalence of these in epidemic times.

Respiratory fatal cases may be mistaken for diphtheria or croup.

At necropsy a characteristic color of the gray matter was observed ranging from pinkish gray to scarlet.

No softening of cord as mentioned by other observers was encountered.

The nervous system bears the brunt of the attack death being due to respiratory paralysis in 99 per cent of all fatal cases.

Lesions found in the intestine suggest a portal of entry of infecting organisms.

The nasal and tonsillar mucosae were found normal.

Paralyzed domestic animals found during the epidemic did not show at necropsy any pathologic lesions resembling human or monkey poliomyelitis.

There is no reason to suppose that the lower animals play any part in the spread of poliomyelitis, and it is extremely doubtful if poliomyelitis exists among them.

CONCLUSIONS

Epidemic poliomyelitis appears to be a disease carried directly from place to place by some human carrier not yet possible of identification.

Infection by direct contact, although possible, is not probably the commonest way of infection.

The predisposing causes of the disease seem to be age (under 5 years) and season (high temperature and low rainfall).

DEAR SIR: The following is the financial report of the Board of Health for year 916.

Wm J Bluhler,
Bookkeeper

FINANCIAL REPORT FOR THE YEAR 1916

RECEIPTS

DISBURSEMENTS

* Infatti le famiglie sono state

ANNUAL REPORT
OF THE
SANITARY DIVISION

ANNUAL REPORT
OF THE
SANITARY DIVISION

Dr. Charles V. Craster, Health Officer:

DEAR SIR: I submit herewith the report of the work done by the Sanitary Inspectors of this Division during the year ending December 31, 1916.

The inspections made by the uniformed inspectors (covering the 18 districts in the city) numbered 82,970, of which 77,342 were original inspections, 318 of complaints received in this office and 310 special inspections.

Nuisances found	20,339
Re inspections made	15,674
Written notices served	5,609
Verbal notices served	6,762
Special notices served	1,738
Total notices served	14,109
Notices served for inspectors assigned to other districts	832
Cases sent to the Law Department for violations of the Sanitary Code	420
Abatements of nuisances	8,837
Yards inspected	32,684
Yards found unsanitary	3,196
Areaways inspected	5,566
Areaways found unsanitary	1,141
Cellars inspected	22,063
Cellars found unsanitary	4,261
Refuse and ash accumulations found	3,756
Garbage accumulations found	1,981
Surface drainages found	165

Scavenger dumping grounds inspected.....	441
Sewer drains inspected.....	19
Privy vaults inspected.....	386
Privy vaults which needed cleaning.....	89
Cesspools inspected.....	145
Cesspools which needed cleaning.....	32
Stables inspected (including cow stables).....	2,621
Manure pits and bins found uncovered.....	506
Manure accumulations found.....	735
Inspections for chicken licenses.....	3,685
Inspections for milk licenses.....	2,346
Inspections for ice license.....	597
Inspections of butcher shops.....	875
Inspections of bakeries	783
Inspections of barber shops.....	650
Inspections of soda fountains.....	407
Inspections of saloons, stores and lunch rooms.....	3,039
Inspections for rummage sales	17
Inspection of chicken slaughter houses.....	1,193
Chicken slaughter houses found unsanitary.....	29
Inspections of parochial and public schools.....	448
Inspections of factories	509
Inspections of housing and social conditions	11,84
Pits of water closets found defective	175
Water closets not supplied with water.....	682
Buildings not supplied with water.....	250
Buildings with defective roof.....	353
Buildings with defective storm gutters and leaders	957
Buildings with defective plumbing	990
Buildings with defective water supply pipes.....	492
Tenement houses inspected	6,517
Visits to owners and agents of real estate.....	1,988
Vacant lots found unsanitary	473
Houses placarded during measles and infantile paralysis epidemics	1,548
Contagious disease cards removed during the epidemics.....	484
Federal cards investigated	674
Complaints sent to Combustible Department	24
Pretzel vendors' baskets inspected.....	26
Boarding house licenses issued.....	43
Clinic cases investigated	364
Swat-the-fly posters delivered	150
Dead animals reported to contractor	1,859
Dead animals removed from Morris Canal	35

WARD SURVEYS.

During the months of March and April fourteen inspectors were detailed in the Third Ward on survey work, and there were 1,647 written and verbal notices served. The total number of abatements of nuisances were 2,465. Number of tenement houses inspected was 1,656, and there were 2,137 rooms found ventilated by way of air-shafts. There were 425 windowless rooms and 454 other dark rooms found. Twenty-four cellar rooms unfit for human habitation (for living and sleeping purposes) were found. Houses unfit for habitation, 3.

During the month of May fourteen inspectors were detailed in the First Ward on survey work, and there were 7,889 inspections made, the number of nuisances found being 711. They served 290 written and verbal notices, the total number of abatements for nuisances being 380. Number of tenement houses inspected was 357, of which there were 327 rooms that were ventilated by way of airshafts, 97 windowless rooms, 18 other dark rooms and 6 cellars unfit for human habitation for living or sleeping purposes.

POLIOMYELITIS WORK.

Seven Sanitary Inspectors and six uniformed police officers from Police Headquarters were detailed on the clean up in the Tenth Ward during the Infantile Paralysis epidemic for twelve days in the month of July, and there were 500 written notices and 200 verbal notices served upon owners and tenants of dwellings, to provide garbage receptacles for the refuse from their premises, to clean the cellars and yards and to keep the premises in sanitary condition. The police officers were also detailed during the epidemic at the various theatre and motion picture houses, to prevent children under sixteen years of age entering the same. There were also six hundred investigations made by the police officers of Federal cards mailed to the Health Officer.

During the Infantile Paralysis epidemic the employees of the Recreation Department volunteered their services to the Board of Health, through the Superintendent, Mr Brown, and were detailed at the various railroad stations throughout the city and on trolley cars, to prevent children under sixteen years of age travelling on same without having a physician's certificate.

Four Sanitary Inspectors were detailed to the Disinfecting Corps during the epidemic in July and August.

Three Sanitary Inspectors were detailed to do duty in the Health Office during the month of August, from 4 to 10 P. M., to issue health certificates to children under sixteen years of age who were leaving the city and to take the reports of physicians of cases of Infantile Paralysis.

During the months of July and August employees of this Division worked on Saturday afternoons and Sundays issuing these health certificates, of which it is estimated about ten thousand were issued.

SPECIAL INSPECTION WORK

Twelve Sanitary Inspectors were detailed in the Fourth, Fifth and Tenth Wards during the months of November and December on special inspection work for the purpose of having a record file in this office of every building in the said wards and to serve written notices upon the owners, agents or lessors of such properties where violations of the Sanitary Code were existing.

During the month of December two inspectors were detailed on special work investigating housing conditions where colored immigrants from the South had located. These conditions were deplorable, particularly because of over crowding, lack of clothing and bedding, and limited knowledge of sanitation.

Three Sanitary Inspectors were detailed on smallpox quarantine at No 279 N J R R Avenue to do guard duty.

One inspector was detailed in the Centre Market during the months of October, November and December, to report all violations of the Sanitary Code and the conditions of Commerce, Mulberry and South Canal Streets.

The following is a list of the work done by the two inspectors detailed during the month of December to make special inspections for chicken and milk licenses to be issued.

Special inspections made for chicken licenses	798
Written notices served for chicken licenses	320
Abatements from written notices	309
Re-inspections made	221
Total number of inspections and re-inspections made	1,019
Special inspections made for milk licenses	141
Verbal notices served for milk licenses	61
Total number of abatements	61
Total number of re-inspections made	95
Total number of inspections and re inspections made	236

The Sanitary Inspectors make monthly reports of the collection by the Scavenger contractor of ashes and garbage in their various districts, a copy of which is submitted to the Board of Street and Water Commissioners.

Respectfully submitted,

WILLIAM H. YOUNG,
Clerk, Sanitary Division

REPORT OF THE PLUMBING STAFF.

Charles V. Craster, M. D., D. P. H., Health Officer.

DEAR SIR. In tendering a report of the activities of the Plumbing Inspectors I believe that the work performed cannot be shown to the best advantage in a tabulated, statistical summary.

The work of the division is carried on by six uniformed inspectors. Since the death of Chief Inspector Sullivan, the division has one man less than the previous year.

The duties have increased during the past year, especially through the inspection of house sewer installations, the investigation of all plumbing complaints and the serving of notices and the follow up work covering such complaints. Previously this work had been performed by the Sanitary Inspectors.

The work of the inspectors is becoming more educational and advisory year by year. Owners, architects and contracting plumbers especially call at all times for information and advice, which is promptly and cheerfully given. Architects and plumbers as a whole co operate with the inspectors, which tends to give owners of property better value in workmanship and materials and greater confidence in the Plumbing Division.

Rapid strides have been made in the quality of sanitary plumbing installed in the buildings of our city, but there is room for further improvement. When the New Plumbing Code is adopted and in effect better results will follow.

During the past year the explosion of a kitchen range boiler drew the attention of the authorities to a danger that was not suspected, but which is absolutely avoidable. Some careless or ignorant person had installed a check valve on the cold water supply pipe to this boiler, which prevented the escape of the steam as it generated when the boiler became overheated. An enormous pressure was attained which the boiler could not withstand and the explosion resulted. Without a check valve, the pressure is relieved by the steam passing back through the house supply pipe into the street main.

The Plumbing Inspectors through their training being the most fitted to understand the construction and installation of range and hot water supply boilers, have been instructed to inspect all such work and have already found a number of check valves, which have been removed and the danger of similar explosions averted. A section will be inserted in the New Code to more fully regulate the installation of this class of work.

The problem of sewage disposal for the factories which have been erected on the meadows during the past two years has been successfully solved by the treating of the sewage through septic tanks. This district does not have a sewage system, and the building of cesspools was impractical from the fact that water is encountered two feet below the surface of the ground.

The septic tank, which is a covered water-tight oblong pit built in the ground, receives the raw sewage from the buildings. The construction of the inlet and outlet pipes is such that the flow of sewage through the tank is sluggish, permitting the bacteria, which live and multiply very rapidly in sewage under such favorable conditions, to destroy the organic and animal solids, leaving the liquid effluent to discharge through the outlet pipe to a creek and thence into the river. Although this effluent is not absolutely purified, there is no perceptible odor given off. Twelve

septic tanks are in operation, and all are working satisfactorily.

With the completion of the Passaic Valley Sewer our city will be greatly benefited in having a river beautiful and an up-to-date sewage disposal system. A visit to the pumping station by the Plumbing Inspectors disclosed some very interesting facts. A very good arrangement of sand pits and screen for the separation of the larger solids is provided. The sewage will then pass through large centrifugal pumps to a series of settling tanks, thence through the siphon into New York Bay. This is perhaps the largest disposal system in the country.

The unusual number of recent deaths from gas poisoning attracted the attention of the Safety Committee, and at a meeting held in the City Hall the conclusion was reached that defective hose connections to gas stoves and heaters were to a great extent responsible. It was decided to introduce an ordinance in the Common Council regulating such connections. The several departments, including the Health Department, will enforce the ordinance, and this division will add such work to its duties.

A comparison of the work of 1916 with the previous year will show about the same volume. While we did not have as many new buildings erected, a larger amount of new plumbing was installed in old buildings, where in many instances it was needed very much. The tabulated report is as follows.

Plans approved	1,872
Plans rejected	117
Water tests made	1,302
Smoke tests made	458
Plumbing inspections	4,800
Final inspections made	700
Sewer permits granted	411
Cesspool permits granted	2
Privy vault permits granted	1
Relay sewer permits granted	148

BOARD OF HEALTH

67

Violations served	68
Violations comphed with	23
Hours on examining board	87
Hours in court	59½
Suit cases instituted	13
Penalties for violations	2
Cases discontinued	4
Sewer inspections ...	662
Special inspections	138
Septic tanks installed and operating	12

Respectfully submitted,

C. A. HALLGRING,

Plumbing Inspector.

REPORT OF SPECIAL DETAILED INSPECTORS

Dr. Charles V. Craster, Health Officer:

Dear Sir:—The following visits were made to the watersheds—Cedar Grove and Belleville Reservoirs, to collect samples of our city water supply for bacteriological and chemical examinations. Samples of water were also obtained in the Board of Health Office and other points in the city as well as from private wells in and out of the city for examination.

Number of visits to the watersheds .....	.....	27
Number of visits to Cedar Grove Reservoir.....	.....	26
Number of visits to Belleville Reservoir.....	.....	25

SAMPLES OF CITY WATER SUPPLY TAKEN AT THE
FOLLOWING PLACES FOR BACTERIOLOGICAL
AND CHEMICAL ANALYSIS

	Bact.	Chemical
Oak Ridge Stream	24	12
Clinton Stream	24	12
Kanouse Stream	24	12
Echo Lake Stream	24	12
Macopin Intake	24	12
Cedar Grove Reservoir Inlet Gatehouse	24	12
Cedar Grove Reservoir Outlet Gatehouse	24	12
Belleville Reservoir Inlet Gatehouse	24	
Belleville Reservoir Outlet Gatehouse	24	
Board of Health Office	24	
Prudential Insurance Building	19	

SAMPLES OF WATER TAKEN FROM PRIVATE WELLS

	Bact.	Chemical
452 Broad Street—driven well	2	1
41 Dickerson Street—driven well	4	1
786 Frelinghuysen Avenue	2	1
56 and 58 Arlington Street	2	1
101 Smith Street	1	1
534 Passaic Avenue	1	4
51 Madison Street	1	1
111 N J Railroad Avenue	2	1

OUT-OF-CITY SAMPLES OF WELL WATER

Newark, N. J.—dug well	1
Charlottesville, N. J.—dug well	1
Overbrook, N. J.—driven well	2
Total	382

Number of inspections made in watersheds	34
Number of official calls in watersheds	26

On all trips to and from the watersheds the toilet rooms in the Susquehanna Railroad cars were found closed

Number of special inspections made	756
Number of inspections made with other inspectors	39
Number of inspections made with Health Officer	43
Number of inspections made with members of the Board	6
Number of investigations made outside of city	117
Lodging houses	95
Poultry slaughter houses	257
Bird stores	27
Dance halls	112
Motion picture theatres	81
Public baths	1
Open air amusement parks	24
Total	1,558

Dispensary cases investigated	1,315
Second calls	65
Hospitals visited	37
Official calls on health matters	885

BOARD OF HEALTH.

Houses placarded for measles	46
Days in Health Office	45
Days on special work	0
Hours in court	19
Days at watersheds	5
Samples of ice for bacterial analysis.	8

RE-INSPECTIONS

Special	1
Lodging houses	12
Poultry slaughter houses	74
Bird stores	3
Dance halls	88
Motion picture theatres	46
Open air amusement parks	15
Total	306
Number of poultry slaughter houses—public	12
Number of poultry slaughter houses—private	22
Number of licensed dance halls	90
Number of licensed motion picture theatres	52
Number of licensed open air amusement parks	14
Number of licensed public lodging houses	1

Respectfully submitted,

ANDREW J. BRADY,

BERNARD J. CAHILL,

Detailed Inspectors.

**REPORT OF DETAILED INSPECTOR TO THE HEALTH
OFFICER FOR THE YEAR 1916.**

This detail is chiefly concerned with complaints regarding dog bites, mainly for the purpose of keeping close watch on the occurrence of rabies among animals. There has been a marked decrease in the number of dog bites for the year 1916, there being 432 persons bitten as compared with 566 for the year 1915.

I have had the use of a motorcycle during the past year, which has been of great assistance, and has made it possible to also carry out numerous other investigations and inspections of every description and character, such as the following list will illustrate.

A record in detail of each case and its subsequent history is kept on file at the Laboratory.

**DETAILED REPORT OF INVESTIGATIONS OF SUS-
PECTED RABID DOGS**

Persons bitten by dogs	426
Persons bitten by cats	3
Persons bitten by horses and other animals	3
Total number of persons bitten and cases investigated	432
Original inspections	710
Re-inspections (dogs under observation)	360
Final inspections (dogs under observation)	330
Total number of inspections made	1,400
Cases reported by the Police Department and investigated	84
Dogs bitten	82
Cats bitten	8
Dogs sent to pound	148
Dogs destroyed	143
Cats sent to pound	8
Cats destroyed	8
Dogs' brains examined	17
Kennels inspected	94
Complaints investigated (dogs) (vicious barking and causing nuisances, etc.)	237

Daily visits were made to the City Hospital Laboratory for complaints.

GI ANDERS

Number of cases investigated and stables disinfected	8
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SPECIAL WORK PERFORMED

Special inspections made	16
Sanitary complaints investigated and inspections made	137
Written notices served (sanitary violations)	167
Re inspections made (sanitary)	37
Written notices served (for other inspectors)	68
Dispensary cases investigated	61
Physicians supplied with contagious disease cards	44
Houses placarded for contagious diseases	23
House placards removed	41
Examinations of cattle (from persons entering ing city from other States)	37
Stores visited for milk license	51
Food and drug complaints "Specials"	1
Special inspections made for chicken licenses	479
Written notices served for chicken licenses	226
Re inspections made for chicken licenses	135
Cases turned in for suit (violations)	3
Chicken licenses issued	189
Special investigations (cases of poliomyelitis quarantined)	2
Inspections on hibernation of flies, with representative of New Jersey State Agricultural Research Department	48
Total number of samples of material taken for microscopical examination).	1

MISCELLANEOUS

Official calls to City Hall, communications delivered to Commissioners, calls made in reference to health matters, dogs inoculated, and special work performed for Health Officer	44
Total number of inspections made (all sorts)	3,324

Respectfully submitted,

CHARLES F. CONRAD.

REPORT OF THE DIVISION OF FOOD AND DRUGS

Dr. Charles V. Craster, Health Officer, Newark Board of Health, Newark, N. J.:

DEAR SIR—Herewith I beg to submit the report of the Division of Food and Drugs for the year 1916:

Number of Bacteria samples taken	2,300
Number of Bacteria samples counted	2,288
Number of Bacteria samples containing Streptococci and Pus (routine).	41
Number of Special Samples taken at dairies direct from infected cows	429
Number of Special Samples taken containing Strep- tococci and Pus	74
Total number milk samples taken	2,729

Where a bacterial sample is taken by the inspector and upon examination by the bacteriologist found to contain streptococci and pus, a report is at once forwarded to the office and the Veterinarian without delay is sent to the dairy where the milk is produced. All cows are examined and samples of milk taken from infected udders, one sample being taken from the infected quarter teat and one from mixed milk of the remaining teats.

If streptococci and pus are found only in the infected teat the cow is ordered segregated from the herd and to be so milked that no milk is obtained from the diseased quarter. If streptococci and pus are present in the mixed milk as above described the cow is ordered forthwith from the herd.

Of the bacterial samples examined, the results were as follows:

LESS THAN THE MAXIMUM BACTERIA ALLOWED	
GRADE	
Certified of 10,000 per C. C.	18
A Raw of 100,000 per C. C.	259
A Past of 30,000 per C. C.	118
B Past. of 50,000 per C. C.	914
(Of these 35 were Sterile Plates)	

ABOVE THE AMOUNT ALLOWED	
GRADE	
Certified of 10,000 per C. C.	0
A Raw of 100,000 per C. C.	205
A Past of 30,000 per C. C.	26
B Past. of 50,000 per C. C.	748

The average count per month for the year was:

18 samples Grade Certified	1 499
464 samples Grade A Raw	1 34 667
144 samples Grade A Past	21 34
1,662 samples Grade B Past	3 91 541
288 samples Average count per sample	22 688

The six Pasteurizing plants in the city and three in the suburbs are constantly visited and samples of the raw milk before Pasteurization are taken as well as samples after being heated, samples after cooling and again after the milk is bottled. When we find the count has increased after heating or cooling, it indicates in most cases that the cooler is at fault. When this is found to be the cause, the proprietor is informed and further samples are taken. We find this a very educational procedure and one which teaches the necessity of care in Pasteurizing.

During July and August 875 quarts of milk from 44 dealers were prohibited from sale on account of high bacterial counts and high temperatures. 384 quarts were

also returned to the creamery over the railroad for a similar cause.

One dealer was prohibited from selling milk on account of diseased animals in herd.

Five dealers were prohibited from bottling their own milk.

Samples of butter taken for supposed oleomargarine, 7. Other samples taken, including olive oil, soft drinks, cider, drugs, 45. Of these, 21 were sent to chemist.

CHEMICAL EXAMINATION OF MILK

Number of chemical samples taken	1,227
Number of preliminary samples taken (of which 115 were sediment samples)	242
Total samples taken	1,469
Number samples below standard	97
Number when penalty was paid..	60
Number turned in for suit and still pending.	9
Number samples void on account of evidence (unable to collect) and where analysis showed only a fraction below the standard	17
Number samples where fines were remitted by Food Drug Committee	9
Number samples held for parties to appear before Committee	2
Amount of money collected for milk penalties	\$940
Amount of money collected for selling milk without a license (paid in Court)	\$50
Amount of money collected for samples in 1915, paid in 1916..	\$90
One fine "collected" in 1915 (paid in 1916)	\$10
Receipts	\$1,090
Number milk cases turned in for suit	18
Number cases tried in Court	2

One dairy was compelled to Pasteurize on account of several cases of Scarlet Fever in family

One dairy was prohibited from selling milk for two days until case of Scarlet Fever was removed

Five dairies were compelled to Pasteurize on account of Polumyelitis.

Seven dealers were temporarily compelled to Pasteurize on account of failing to have cows properly tuberculin tested and for unsanitary conditions of dairies. Three are still having milk Pasteurized.

New dairies scored.....	106
Dairies reinspected and rescored.....	496
Pasteurizing plants inspected and rescored.....	13
Visits to rail road receiving station (mostly during milk strike)	40
Bottling plants inspected	134
Recommendations sent to farmers pertaining to our milk supply	388
Food and drug samples taken with State Inspector..	83
Inspections for food and drug exposures	131

(The greater part of these were mostly reinspections on account of cases turned in for suit.)

Complaints investigated	246
Complaints verified	182
Notices served	394
Cases turned in for suit	154

(Food exposures, 123, decomposed food, 3; soda water, 2; bob veal, 2; oleomargarine, 3; other violations, 3; milk, 18.)

During the year there were 132 milk dealers who were compelled to appear before the Food and Drug Committee for violations, 39 dairymen and 5 creamerymen.

Notices served on places where

Candy is manufactured	2
Cheese is manufactured	4
Ice Cream is manufactured	3
Soda is manufactured	1
Cocoa is manufactured	1
Ketchup, olive oil and mustard is manufactured	2

PHYSICAL EXAMINATION OF THE COWS PRODUCING GRADE "A" RAW MILK.

In view of granting a milk license for the year 1916, it was decided by the Board that only a temporary permit be granted to milk dealers until the requirements of the Ordinance were complied with. This would appear to

have been of great benefit for we can not, the result being that dealers were clamoring for an inspection, not desiring the temporary plates tacked on their wagons for the reason that it caused too many inquiries.

The Milk Ordinance of the City requires the Tubercular Testing of all cows used for Raw Milk production, and at the same time the cow must be tagged with the official tag adopted by the Board. On our routine inspections of dairy farms, it was found that in many cases the tags were not put on the animals until several weeks after tests were made, and descriptions were found not to tally with the records received from the Veterinarians.

In some cases cows were described on charts which on inspection were found to be bulls. Tags were found upon cows which were in Canada at the time the herd was supposed to have been tested in New York.

In the early part of January, 1916, Dr. Shaw, Veterinarian from the State Board of Health, with Dr. Range, Veterinarian of this Board started to check up and physically examine the cows on dairy premises. The conditions found were certainly amazing.

Of the 58 dairies visited in the two months, there were 32 positive tubercular reacting cows still in herds being milked, which had been tested several months previously.

Of the 2,007 cows examined, 92 cows were suspected of having Tuberculosis on physical examination, 23 had Tuberculous udders, 17 had abscesses in udders, 4 cows were being milked while suffering from Septic Metritis; 291 had no ear tags for identification, 1,029 had tags adopted by Board of Health; of those 763 were correctly tagged and 269 so incorrectly tagged that description of the cows did not tally with the number on the last tag. Among 28 cows slaughtered, taken from dairies in two months' inspection, 10 cows were so infected with tuberculosis as to be condemned as unfit for food.

On a subsequent test of the above mentioned cows, there were 163 reactors to the tuberculin test.

Among 620 cows, 291 were found with no tags, and 26 had wrong tags and 93 suspected of being tuberculous, and when subsequently retested with Tuberculin it was found that 102 reacted positively, or 15.2 per cent.

The tuberculin charts furnished the Board of Health from 95 dairies during 1910 represented 3,290 cows listed, showed 254 positive reactors on first test and 165 on the retest as ordered.

The physical examination of cows was discontinued from March until October through lack of appropriation, when a Veterinarian was temporarily appointed to examine the dairy cows and inspect beef at the slaughter houses.

116 dairies were respected, 89 samples of milk were taken from infected teats and 11 showed Streptococci and pus.

BOTTLED MILK.

SYNOPSIS ON NEW PASTEURIZATION PLANTS.

During September it was decided to strictly enforce bottled milk in Newark. This was delayed for over a year on account of the erection of two of the largest and best pasteurizing plants in the State. This combined two of the largest wholesale dealers into one firm, and four other dealers into another. Where the milk was previously pasteurized in eighteen different places in New York, Pennsylvania and this State, it is now pasteurized in the two new places in this city.

By the enforcement of the Ordinance requiring all bottled milk in the city, two new pasteurizing plants were built in Irvington, one a batch pasteurizer and the other a bottle pasteurizer. This brought about the pasteurizing of the milk from fifteen of our poorest country dairies, where previously it was sold as Grade "A" Raw.

RESTAURANTS-KITCHENS.

During the year of 1916 our restaurants were again inspected and scored and a decided improvement was recorded over the previous year.

Number of restaurants scored...	216
Number of new places scored	10
Number of reinspections made	516
Number scoring over the 70% required for approval card	88
Number scoring below the 70% required for approval card	122
Number of notices served on restaurants	122
Total number of restaurants scored.....	210
Number purchasing approval cards.....	30
Receipts for approval cards.....	\$150 00
Restaurants compelled to close up	3

BAKERIES

uring the year this Division started an investigation of bakeries, especially the cellar bakeries. The latter were found in most cases to be unfit for the production of sanitary bread and pastry, lacking in natural light, fly screens and adequate space to enable such to be thoroughly cleaned.

here was little or no provision for toilet accommodation no places for washing purposes and no protection for bread and pastry from contamination.

Bakeries gone out of business	4
Recommendations to bakeries by this Department complied with	25
Bakeries where most of the recommendations complied with	52
Total places visited.	96

APPROVAL OF STREET VENDORS' LICENSES.

At the request of the Board, the City License Department agreed to grant no licenses to street vendors unless their methods of handling food were first approved by the Food and Drug Division. One hundred and ninety peddlers

brought their wagons or push carts to the office, where they were instructed in what was required to protect food products from contamination. This, we believe, will lead to an educational propaganda for more sanitary methods among our street vendors of foodstuffs.

Respectfully,

SAMUEL S. SHARWELL,

Chief Food and Drug Inspector.

REPORT OF THE MEAT INSPECTOR

Dr. C. V. Craster, Health Officer.

DEAR SIR: I herewith submit my report for the year ending December 31, 1916.

DAILY VISITS

Centre Markets	437
Wholesale beef houses	1,516
Butcher shops	1,679
Commission houses	6,958
Fish markets and stands	1,173
Poultry markets and stands	1,309
Bologna kitchens	271
City slaughter houses inspected with Dr. WittPenn	14
Total number of visits during year	13,357

MEAT INSPECTED

Beef	16,502
Lambs and sheep	73,453
Calves	9,834
Hogs	101,461
Total	169,838

Respectfully submitted,

DANIEL KUHN,

Meat Inspector

REPORT OF VETERINARIAN—1916

During the year regular visits to the different slaughter houses were made and a number of complaints of cases of communicable disease in animals were reported and investigated.

There are at the present time seven slaughter houses in the city of Newark three of which have government inspection.

The following is a summary of the work performed by the Veterinarian during the year:

Cattle inspected	14,773
Calves inspected	14,160
Sheep inspected	31,818
Hogs inspected	28,454
Carcasses of beef condemned	48
Carcasses of calves condemned	14
Carcasses of sheep condemned	3
Carcasses of hogs condemned	0

The results of the investigations of the reported cases of communicable diseases were as follows:

Glanders in horses, 7 cases

In every case the animals were killed and the stables, harness and other utensils, and the blacksmith shops where these animals had been shod were thoroughly cleansed and disinfected under the direction of Inspector Conrad

Respectfully submitted,

WERNER RUNGE,

Veterinarian.

ANNUAL
REPORT OF THE CHEMIST
NEWARK BOARD OF HEALTH

ANNUAL REPORT OF THE CHEMIST

To Dr. C. I. Craster, Health Officer:

DEAR SIR—I herewith submit my annual report for the year ending December 31, 1916.

The tabulated portion of this report is upon the same lines as last year, with the extended milk, and most of the water tables omitted.

The analytical work on milk is summarized as follows:

MILK

Sealed samples analyzed	.227
Unsealed samples analyzed	.247
Sediment tests made	1.7
Samples below State standard of 11.50% of total solids	114

AVERAGE COMPOSITION

	Total Solids	Fat
Samples above standard	12.23	3.63
Samples below standard	10.85	2.99
All samples	12.12	3.58

Comparing these data with those of last year, we find that although there were more samples analyzed, there were not so many below the standard. The average per cent. of fat is slightly greater and the per cent. of total solids less than last year.

An interesting series of milk examinations were made in connection with the "Baby Wee" celebration in June.

For five consecutive days samples from about twenty of our representative milk dealers, who entered into the plan on a sort of competitive basis, were secured and examined chemically and bacteriologically in the usual way. An attempt was made to combine the results with the dairy score of each dealer and deduce ratings which would show the comparative value of the milk for infant feeding.

A 100% rating was made up of a perfect dairy score, as determined by the dairy score card in use, 25, a perfect bacterial score, 50, and a perfect chemical score, 25. The bacterial score, devised by Dr Connolly, under whose direction the bacterial work was done, was based on the bacterial count, the presence of streptococci, pus, etc. The chemical score was based on the percentage of fat, solids not fat and freedom from visible dirt in the sedimentation test, as follows: Fat, 4.40% or more, 16, solids not fat, 9.1% or more, 10; no sediment, 5; total, 25.

The results as a whole indicated that the dealers were supplying good milk, but it is not thought that the examinations were extensive enough to make sufficiently accurate or fair comparisons for publication. On the contrary, they served to emphasize the fluctuation in the daily quality of the milk and the tendency toward a bacterially cleaner milk but a lower fat and solids content as compared with a few years ago.

In the three grades examined the highest ratings on the above described system were as follows: Certified, 92.95%, Grade A Pasteurized, 87.60%, Grade A Raw, 90.17%. Some of the anomalies were one sample of Certified milk and several of those of the other grades were below the legal standard in the total solids content. In Grade A Raw milk one dealer had an average of 100,000 bacteria per C. C. on four days and over 3,000,000 on the fifth. Another had an average of only 10,000 for the five days. In the case of two highly reputable dealers selling Grade A Pasteurized milk, one had an average of 3,000 per C. C.

for five days and the other over 300,000 for three days and about 30,000 for two days.

In addition to the routine analyses of milk and water there were a number of miscellaneous examinations made during the year. These included Butter two of which were Oleomargarine), Olive Oil, Candy, Orange Drink, a Foot Liniment, Baked Apples, etc.

One of the Olive Oil samples was of special interest. It was found to be Cottonseed Oil put up in a genuine (or good imitation) Olive Oil can. Of cans of the same brand, marked the same way and purchased at different stores, some were genuine and others Cottonseed. The matter was brought to the attention of the United States authorities, who, according to the press, obtained a conviction with a heavy fine and jail sentence.

In addition to the laboratory work there were several attendances in court and inspections made of industrial establishments, usually in relation to poisonous or obnoxious fumes.

CITY WATER.

The usual monthly analyses of samples of the City water supply taken from various points in the system were made, but only the data on the samples from Oak Ridge and Clinton Reservoirs, Laboratory faucet and averages of the monthly results from each sampling point are tabulated as being fairly representative of the entire system.

ANALYSES OF NEWARK AQUEDUCT WATER.

Samples from Oak Ridge Stream, before junction with Clinton Stream, at New Foundland
PARTS PER MILLION.

Date	Temperature	Turbidity	Color	NITROGEN AS				Chlorine	Temporary Hardness (Alkalinity)	Total Solids	Loss on Ignition	Fixed Solids
				Free Ammonia	Albuminoid Ammonia	Nitrites	Nitrates					
Jan. 2	50	0.0	50	.010	.104	0	.075	2.0	23	56	24	32
Feb. 26	55	0.0	55	.018	.076	0	.110	2.0	29	57	23	34
Mar. 2	56	0.0	55	.016	.104	0	.075	2.0	21	64	26	38
Apr. 1	51	0.0	50	.016	.080	0	.070	2.0	18	58	22	36
May 19	51	0.5	50	.012	.074	0	.100	2.0	22	54	21	33
June 1	67	0.5	50	.028	.098	0	.100	2.5	24	52	22	30
July 1	58	0.0	50	.011	.092	0	.100	2.5	21	66	38	28
Aug. 9	70	0.5	50	.018	.110	0	.050	2.0	26	61	27	34
Sept. 7	68	0.5	35	.014	.124	0	.075	2.5	28	72	32	40
Oct. 17	55	0.5	35	.016	.098	0	.060	3.0	33	70	33	37
Nov. 15	52	1.0	40	.056	.104	0	.075	2.0	25	61	23	38
Dec. 12	57	0.5	50	.030	.118	0	.075	3.0	22	67	39	28

ANALYSES OF NEWARK AQUEDUCT WATER.

Samples from Clinton Stream, before junction with Oak Ridge Stream, at New Foundland
PARTS PER MILLION.

1916	Date, Fahr	NITROGEN AS						Temporary Hardness (Alkalinity)	Total Solids	Loss on Ignition	Fixed Solids
		Tur-	Bodily	Color	Free Ammonia	Aminobind Ammonia	Nitro-	Nitro-			
		ture,	ility				trites	trates			
J. 12	34	1.0	35	.01	.04	.094	0	.075	2.0	11	38
Feb. 24	35	0.0	35	.012	.092	0	.070	2.0	16	40	11
Mar. 9	4	0.5	5	.024	.080	0	.075	2.0	9	38	16
Apr. 1	60	0.5	50	.022	.078	0	.060	2.0	9	34	17
May 1	3	0.5	25	.036	.040	0	.075	1.5	13	50	14
June 1	78	0.5	25	.022	.080	0	.075	2.5	10	54	24
July 1	6	0.5	3	.008	.086	0	.100	3.0	14	50	15
Aug. 12	6	0.5	25	.014	.092	0	.050	2.5	13	35	8
Sept. 1	60	0.5	25	.020	.062	0	.100	2.5	23	44	20
Oct. 1	70	1	5	.020	.088	0	.060	2.5	9	33	16
Nov. 1	4	0.5	15	.044	.096	0	.075	3.5	35	68	19
Dec. 1	5	0.5	15	.048	.110	0	.050	3.0	28	66	22
											14

ANALYSES OF NEWARK AQUEDUCT WATER
Samples from Laboratory Fauret 927 Broad Street
PARTS PER MILLION.

Temp re. Fahr	Titr ability	Co.or	NITROGEN AS			Chloride ride	Temporary Hardness	Total solids	Loss on heatin	Free solids
			Free Ammonia	Albuminoid Ammonia	Nit- rites					
Jan. 12	38	0.5	.50	.012	.092	0	.100	.15	.10	.52
Feb. 24	36	0.0	.35	.020	.086	0	.100	2.0	.19	.18
Mar. 29	39	0.5	.35	.016	.084	0	.075	2.0	.15	.20
Apr. 12	46	0.5	.30	.016	.086	0	.060	2.0	.14	.31
May 10	57	0.5	.30	.014	.084	0	.080	2.0	.18	.47
June 6	63	0.5	.40	.022	.106	0	.070	2.0	.19	.50
July 11	71	0.5	.30	.020	.092	0	.060	2.5	.20	.50
Aug. 9	75	0.5	.30	.008	.092	0	.060	2.5	.22	.48
Sept. 7	71	0.5	.35	.008	.092	0	.060	2.5	.26	.54
Oct. 17	59	0.5	.25	.018	.086	0	.060	3.0	.24	.51
Nov. 15	52	0.5	.25	.030	.100	0	.060	2.5	.24	.57
Dec. 12	39	0.5	.30	.022	.092	0	.060	3.0	.20	.61

ANALYSES OF NEWARK AQUEDUCT WATER.

Averages of Monthly Examinations—1916.

PARTS PER MILLION.

SOURCE OF SAMPLE	Tempo- rature Fahr	Tur- bidity	Color	NITROGEN AS					Chlor. Ultraviolet	Temporary Hardness	Total solids	Loss on Ignition	Fixed Solids
				Free	Amino-N	Nitro- genous nitrogen	Nitrate nitrogen	Nitrite nitrogen					
				ammonia	Argentometric	traces	traces	traces					
Oak Ridge Stream	47.83	0.50	35.83	.023	0.85	0	.0804	2.375	24.58	61.56	27.50	34.00	
Clinton Stream	48.50	0.56	25.40	0.23	0.831	0	.0720	2.110	15.83	45.83	16.00	29.83	
Kanouse Brook	47.41	0.75	44.16	01.3	0.918	0	.0816	2.02	17.75	49.53	22.50	26.83	
Echo Lake Stream	48.58	0.50	51.58	.0213	1.284	0	11.25	2.580	19.50	54.75	25.25	34.70	
Macopin Intake	48.91	0.50	39.58	.0203	0.868	0	.0850	2.500	19.75	54.00	29.58	33.42	
Cedar Grove Intake	51.00	0.54	31.25	.0217	0.915	0	.0846	2.458	18.25	52.33	21.33	31.00	
Cedar Grove Outlet	52.50	0.46	28.75	.0210	0.921	0	.0762	2.500	19.16	50.00	19.41	30.09	
Belleville Reservoir	52.33	0.46	23.33	.0176	0.930	0	.0750	2.541	20.8	51.75	21.23	30.42	
Laboratory Faucet	53.83	0.46	32.91	.0170	0.910	0	.0754	2.375	20.00	51.16	19.00	32.16	

TABLE OF MAXIMUM, MINIMUM AND AVERAGE TOTAL SOLIDS IN THE WATER FROM THE LABORATORY FAUCET FROM 1900 TO DATE.

(Total Solids, Grains per U. S. Gallon.)

YEAR	Maximum	Minimum	Average
1900	2.06	1.96	2.53
1901	3.00	1.93	2.68
1902	2.92	1.98	2.45
1903	2.92	1.69	2.32
1904	2.92	2.04	2.52
1905	2.92	1.60	2.33
1906	3.24	2.44	2.41
1907	3.09	2.35	2.60
1908	2.92	2.22	2.66
1909	3.37	2.23	2.78
1910	3.50	2.16	2.81
1911	3.91	2.63	3.06
1912	3.32	1.92	2.91
1913	3.91	2.16	3.4
1914	3.49	2.27	2.88
1915	3.90	1.92	2.91
1916	3.55	2.56	2.98

Respectfully submitted,

HERBERT B. BALDWIN,

Chemist.

ANNUAL REPORT
OF THE
Division of Contagious Diseases
FOR THE YEAR 1916

To C. V. Craster, M. D., D. P. H., Health Officer:

DEAR SIR I beg to submit the following report of the Contagious Disease Division:

TUBERCULOSIS REPORTED BY WARDS—1916.

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
January	9	21	32	12	21	16	17	6	11	18	11	21	9	21	5	17	247
February	19	22	1	17	7	17	7	13	11	6	15	22	11	8	15	209	
March	26	13	31	18	13	15	17	9	14	17	9	11	23	24	14	5	259
April	24	15	49	11	24	14	23	15	13	10	5	14	12	26	19	13	277
May	20	18	38	9	11	7	35	4	18	14	2	15	21	16	8	10	236
June	25	11	27	8	12	15	20	7	17	10	13	9	19	31	5	6	223
July	16	19	11	2	1	5	10	5	6	17	5	11	17	9	6	7	145
August	17	21	21	10	10	7	9	5	5	12	4	4	15	23	11	6	168
September	6	5	17	5	7	3	16	3	3	8	5	4	9	14	6	5	115
October	27	10	20	7	5	6	13	6	6	14	1	1	12	23	8	5	175
November	20	1	23	7	10	7	11	16	16	23	8	4	13	22	6	7	206
December	7	11	13	7	11	17	5	9	18	3	7	5	26	8	0	119	
Totals	216	47	406	26	140	19	303	98	127	60	72	125	177	244	97	96	219

WHOOPING COUGH REPORTED BY WARDS 1916

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
January	3	3	8	0	3	17	2	3	11	4	3	2	4	5	2	8	83
February	1	2	7	0	2	0	2	16	2	1	0	2	2	8	0	4	49
March	5	4	10	0	3	2	5	4	7	4	7	6	9	7	5	2	80
April	3	6	6	1	2	1	8	5	8	3	7	4	9	13	1	9	82
May	5	1	8	1	1	3	13	2	5	2	2	3	1	11	5	16	37
June	3	1	9	1	1	1	1	3	1	4	6	1	8	5	2	10	68
July	8	0	3	3	1	9	8	11	4	2	1	3	4	6	9	5	70
August	1	5	4	3	3	3	18	2	9	3	5	2	13	7	1	13	108
September	8	1	9	1	1	2	3	0	5	2	1	3	4	9	2	4	60
October	6	0	10	0	2	2	7	2	6	4	1	5	2	0	3	53	
November	2	0	4	1	3	2	1	1	1	3	7	4	5	9	5	42	
December	4	0	6	0	1	2	5	0	1	7	1	3	3	4	2	8	48
Totals	52	29	99	11	23	40	8	47	50	37	45	37	71	89	26	44	824

REPORTED BY WARDS.

Diseases	Wards												Per Visits Ave.	Per Visits Ave.
	1	2	3	4	5	6	7	8	9	10	11	12		
Typhoid Fever	4	1	1	1	1	1	1	1	1	1	1	1	26	1.9
Diarrhoea	5	1	1	1	1	1	1	1	1	1	1	1	17	1.1
Scarlet F.	8	1	1	1	4	1	1	1	1	1	1	1	88	6.1
Pneum.	1	1	1	1	1	1	1	1	1	1	1	1	41	2.7
Measles	1	1	1	1	1	1	1	1	1	1	1	1	17	1.1
Other Fevers	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Trachoma	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Infantile Paralysis	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Whooping Cough	1	1	1	1	1	1	1	1	1	1	1	1	8.9	0.81
Malaria	1	1	1	1	1	1	1	1	1	1	1	1	8.9	14.5
Cholera	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Mumps	1	1	1	1	1	1	1	1	1	1	1	1	48	11.0
Mental Deficiency	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Skin	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Leucorrhoea	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Ophthalmia in Neonates	1	1	1	1	1	1	1	1	1	1	1	1	17	1.7
Fringipellus	1	1	1	1	1	1	1	1	1	1	1	1	138	1
Epilepsy	1	1	1	1	1	1	1	1	1	1	1	1	57	3
Malaria	1	1	1	1	1	1	1	1	1	1	1	1	46	3
Postpartal Fever	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Postpartal Septicemia	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Tetanus	1	1	1	1	1	1	1	1	1	1	1	1	6	1
Tuberculosis	1	1	1	1	1	1	1	1	1	1	1	1	2	0
Scabies	1	1	1	1	1	1	1	1	1	1	1	1	1	0
Leprosy	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Industrial Diseases	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Coal Scouring	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Metallurgy Persons	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Construction Al.	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Gas	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Total	8.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	0.6	108	11.0

MEASLES REPORTED BY WARDS 1916.

MONTH	Total																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
Jan.	1	1	8	17	54	11	24	27	61	100	12	35	40	68	10	41	764
Feb.	2	1	2	32	39	44	44	117	181	32	11	23	94	100	20	62	1077
Mar.	5	4	53	30	145	114	340	171	35	47	42	330	227	127	60	2439	
Apr.	1	1	61	43	150	77	199	80	28	75	33	400	258	168	200	2534	
May	58	1	2	8	26	1	65	48	24	77	18	118	122	31	42	1040	
June	8		9	1	9	31	19	16	1	40	8	76	29	14	58	395	
July	5		13	1	7	18	10	20	6	3	4	40	28	9	20	745	
Aug.	5	1	4	0	1	1				0	1	5	9	3	1	35	
Sept.	1	4	2	1						0	1	0	1	0	1	10	
Oct.	0	0	1	0						0	0	0	0	0	0	0	
Nov.	0	0	0	1	0	1	1	3	0	0	2	1	0	2	14		
Dec.	0				0				1	0	1		4			11	
Total	8	8	8	219	190	171	375	556	179	122	240	111	1097	894	289	503	5583

MUMPS REPORTED BY WARDS 1916.

MONTH	Total																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
Jan.	1	0	6	0	4	5	3	18	1	4	0	6	13	5	12	1	79
Feb.	0	2	5	5	4	1	6	14	2	4	2	16	11	3	8	4	87
Mar.	2	5	6	3	3	2	3	9	7	4	4	4	38	5	17	5	117
Apr.	5	2	6	1	4	1	7	13	6	7	7	5	33	4	22	13	136
May	2	1	2	0	6	6	1	5	3	11	8	3	23	5	4	6	65
June	0	0	1	0	4	3	0	3	2	2	4	3	19	2	0	15	56
July	0	1	0	0	2	2	0	5	5	2	4	6	11	0	0	6	44
August	0	1	0	0	0	0	0	1	0	2	1	0	2	0	0	1	8
Sept.	0	0	1	0	0	1	0	0	1	1	0	0	0	0	0	2	6
Oct.	0	0	1	0	1	0	0	0	1	0	0	0	0	0	1	0	5
Nov.	0	0	1	0	1	0	0	0	1	0	0	1	1	1	0	0	10
Dec.	1	0	1	0	0	0	1	0	1	1	1	0	0	3	0	3	12
Total	12	13	30	9	28	21	21	68	29	41	31	44	153	29	63	56	648

SCARLET FEVER REPORTED BY WARDS -1917.

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Totals
January	7	0	19	3	1	1	1	4	1	7	6	0	10	13	6	18	17
February	3	5	25	0	0	4	3	6	6	0	0	3	8	9	1	1	84
March	6	3	40	2	6	4	4	9	5	3	3	6	9	22	1	6	129
April	5	10	31	3	9	8	2	12	6	4	5	5	10	31	3	15	117
May	6	3	19	2	5	12	1 ¹	10	8	2	1	6	9	17	4	24	86
June	3	2	15	1	6	8	3	8	5	4	4	3	23	16	2	30	77
July	2	3	11	0	3	4	2	9	5	2	3	4	5	4	1	3	56
August	1	1	1	0	1	0	0	3	5	0	0	0	2	5	1	1	21
September	1 ¹	0	2	0	1	0	0	2	1	0	0	0	1	2	2	1	8
October	1	1	1	0	0	0	1	3	4	2	4	1	1	0	0	1	8
November	-	1	0	2	0	0	2	0	2	4	1	2	1	4	1	1	21
December	-	3	0	5	0	0	1	1	4	2	0	1	4	2	2	0	19
	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	88

DIPHTHERIA REPORTED BY WARDS 1916.

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Totals
January	10	7	16	9	5	3	5	4	7	4	4	7	15	16	3	9	1
February	-	3	3	7	2	6	4	2	7	5	7	3	11	1 ¹	6	0	9
March	7	2	11	1	3	0	0	5	9	5	2	7	3	1	2	7	54
April	7	4	10	2	2	0	8	12	4	8	4	2	14	8	1	10	8
May	8	4	6	5	10	3	4	5	7	8	6	4	11	10	3	5	56
June	9	1	5	2	4	1	3	7	4	5	3	5	7	10	4	1	71
July	0	2	4	1	2	5	5	9	2	3	1	0	11	4	4	8	61
August	7	1	3	2	0	1	1	2	4	0	4	0	9	4	1	3	47
September	1	1	1	1	2	3	0	1	2	2	0	4	6	3	1	1	29
October	9	1	6	1	6	2	0	1	4	2	3	3	8	6	1	4	57
November	6	3	2	2	1	6	3 ¹	4	8	8	4	7	14	9	4	21	102
December	11	2	9	4	0	3	0	4	4	2	4	6	11	2	6	8	7
Totals	78	31	80	32	41	31	37 ¹	61	60	54	38	56	194	79	30	91	

TYPHOID FEVER REPORTED BY WARDS 1916.

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
January	1	0	1	0	0	0	2	0	0	0	0	0	0	0	0	0	5
February	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
March	1	0	1	0	0	1	1	1	0	1	1	0	0	0	0	0	7
April	1	0	1	0	0	0	0	1	0	0	1	0	0	0	0	0	4
May	0	0	1	0	1	0	0	0	0	0	0	1	0	0	0	0	5
June	0	0	2	0	0	1	3	1	0	0	2	1	0	0	0	0	11
July	0	0	1	0	0	0	1	2	0	0	0	0	0	0	0	1	6
August	0	0	1	1	1	0	2	1	0	2	0	0	0	1	0	1	18
September	1	1	3	2	2	1	1	1	1	0	0	1	0	3	0	3	27
October	0	0	0	3	0	2	0	3	0	3	0	1	1	4	0	22	
November	1	1	0	1	2	1	1	1	0	0	0	1	0	0	0	0	12
December	0	1	0	0	2	0	0	0	0	0	0	0	1	1	2	0	8
TOTALS				1	12	10	5	6	21	11	1	6	6	5	3	12	126

SCARLET FEVER, DIPHTHERIA AND TYPHOID FEVER SINCE 1895.

YEAR	DIPHTHERIA	SCARLET FEVER	TYPHOID FEVER
	CASES	CASES	CASES
1895	1,321	623	149
1896	1,261	537	106
1897	969	1,358	103
1898	1,019	478	179
1899	1,170	607	515
1900	1,417	708	320
1901	1,154	643	316
1902	985	557	259
1903	1,150	779	306
1904	1,653	1,649	210
1905	1,614	1,309	228
1906	1,273	616	336
1907	1,039	773	330
1908	806	1,500	181
1909	1,393	1,786	210
1910	1,585	1,664	178
1911	1,339	1,027	200
1912	1,098	698	193
1913	1,594	1,036	217
1914	1,490	1,696	250
1915	1,210	618	108
1916	923	885	126

CHICKENPOX REPORTED BY WARDS 1916.

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14
January	5	1	9	1	7	6	0	15	35	7	0	1	8	1
February	11	2	12	3	8	2	2	9	23	6	9	0	1	1
March	14	4	5	1	20	6	2	1	13	9	25	5	8	1
April	14	6	15	1	5	6	2	8	16	18	3	10	1	2
May	13	6	20	0	14	6	1	5	12	18	8	31	18	8
June	0	0	1	0	4	3	0	3	2	2	4	3	10	8
July	6	9	8	0	6	0	4	6	0	2	0	4	10	1
August	2	2	1	0	2	0	0	0	1	0	3	5	1	1
September	1	0	2	0	1	0	0	2	0	0	0	3	1	1
October	4	3	0	0	0	2	0	3	0	4	1	1	4	5
November	8	1	13	1	10	3	8	10	4	4	6	5	13	14
December	0	0	0	0	0	0	0	0	0	0	0	4	8	1
Totals	107	40	120	8	94	52	19	75	104	92	91	62	171	138
													114	173

CHICKENPOX OF EYE DISEASES

There were 17 cases of opthalmia neonatorum reported in the city during 1916.

1913	12 cases
1914	30 cases
1915	27 cases
1916	17 cases

EPIDEMIC MENINGITIS.

During the year 37 cases of epidemic meningitis were reported. The following table shows the occurrence and the high mortality of the disease since 1906.

YEAR	CASES	MORTALITY
1906	11	91
1907	5	20
1908	33	38
1909	11	1
1910	8	7
1911	3	0
1912	2	1
1913	7	5
1914	16	8
1915	17	14
1916	37	22

INFANTILE PARALYSIS REPORTED BY WARDS 1916

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
JANUARY	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FEBRUARY	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MARCH	0	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	2
APRIL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MAY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
JUNE	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
JULY	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	2
AUGUST	0	0	0	0	0	0	0	5	4	61	2	27	22	26	3	20	320
SEPTEMBER	0	1	0	0	0	0	0	13	70	31	16	78	96	111	25	82	896
OCTOBER	0	0	0	0	0	0	0	1	22	12	2	7	8	26	13	14	103
NOVEMBER	0	0	0	0	0	0	0	7	6	0	2	0	5	2	1	0	30
DECEMBER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
TOTAL	1	1	0	0	0	0	0	47	92	95	27	118	151	153	45	13	1422

YEAR	CASES
1911	7
1912	33
1913	10
1914	34
1915	9
1916	122

ERYSIPelas REPORTED BY WARDS 1916

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
JANUARY	1	1	4	2	3	1	1	0	4	3	5	1	3	5	1	3	35
FEBRUARY	2	0	3	2	3	0	0	0	1	3	0	1	3	4	5	2	27
MARCH	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
APRIL	0	2	3	3	1	1	1	0	2	0	0	0	0	0	0	0	42
MAY	0	0	2	5	2	0	1	0	5	1	3	1	1	3	3	3	33
JUNE	0	1	1	1	0	0	0	0	0	0	4	1	2	1	1	17	
JULY	0	0	1	0	0	1	0	0	0	1	1	0	3	1	0	0	16
AUGUST	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	3
SEPTEMBER	0	0	0	0	1	1	0	1	0	1	1	1	0	1	0	1	9
OCTOBER	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
NOVEMBER	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	12
DECEMBER	3	4	0	0	0	0	0	0	6	1	3	2	4	1	4	3	32
TOTAL	8	19	21	15	17	7	8	5	12	15	10	16	21	28	11	2	328

PNEUMONIA.

Lobar and broncho Pneumonia are now reportable diseases, the following charts showing the ward and month distribution for 1916:

LOBAR PNEUMONIA REPORTED BY WARDS 1916

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
January	14	12	8	11	11	12	3	10	19	7	17	21	10	8	18	1	11
February	10	15	7	11	9	9	7	10	17	10	17	15	12	12	14	1	10
March	5	19	7	16	8	6	13	6	20	8	16	20	22	8	5	5	86
April	6	16	7	13	5	9	15	7	19	5	15	12	20	5	9	8	82
May	9	8	2	8	7	4	7	6	17	4	11	7	17	4	9	14	104
June	7	6	1	5	4	7	3	2	15	4	6	6	4	3	4	5	41
July	0	2	1	0	3	0	3	0	5	2	7	2	7	2	4	4	41
August	1	2	3	3	1	1	1	0	3	2	0	6	3	0	2	1	1
September	2	2	2	2	2	2	2	3	4	0	5	1	2	0	0	0	16
October	1	9	2	3	1	1	4	1	10	2	8	3	5	8	2	1	41
November	5	6	4	7	5	5	7	2	18	0	5	5	12	6	1	1	76
December	26	25	19	19	10	11	9	12	24	13	17	10	18	12	16	1	141
Totals	90	122	63	98	66	67	76	58	171	57	119	108	182	68	84	17	1177

BRONCHO PNEUMONIA REPORTED BY WARDS 1916

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Total
January	23	7	10	3	15	7	15	14	4	20	3	19	8	18	2	5	17
February	35	7	19	4	11	8	6	3	11	28	1	23	8	19	7	4	15
March	21	2	21	6	6	2	10	14	6	9	3	16	11	20	2	1	15
April	30	4	9	2	6	4	6	9	3	8	1	10	6	15	6	8	15
May	28	0	7	1	6	1	1	5	3	4	1	4	4	5	10	2	8
June	13	0	2	0	9	0	1	2	1	5	1	5	2	8	1	3	3
July	11	0	4	0	7	1	1	3	0	4	2	2	3	1	2	1	4
August	6	1	2	0	6	3	2	1	0	1	0	2	6	6	1	2	3
September	5	0	0	0	3	0	4	0	1	2	0	1	0	1	1	0	15
October	3	0	1	0	6	2	1	2	1	1	2	6	3	1	2	1	32
November	11	2	2	1	3	2	1	0	2	5	0	4	2	3	2	4	44
December	18	11	7	6	4	2	8	7	5	10	3	9	8	5	5	3	109
Totals	204	34	84	23	81	32	51	60	37	97	17	101	58	94	41	4	109

MENTAL DEFICIENCY AND EPILEPSY.

Under the State Laws, Chapter 182, Laws of 1912, physicians are required to report all cases of epilepsy and mental deficiency coming to their notice. The following table gives the number reported for four years:

DISEASE	1913	1914	1915	1916
Epilepsy	42	62	32	57
Mental deficiency	109	61	79	73

TRACHOMA.

During the year thirty cases of Trachoma were reported, the ward distribution being as follows:

Wards	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Cases	10	0	4	0	1	2	1	0	1	2	0	3	2	1	2	1

INDUSTRIAL AND MISCELLANEOUS DISEASES.

The city again had 46 cases of malaria, as compared with 55 for 1915. Other diseases during the year included two cases of trichomosis, one of anthrax, six of tetanus, one of smallpox, and one of leprosy. The industrial diseases reported were lead poisoning, 34, mercury poisoning, 4, and compressed air illness, 1.

Respectfully,

JOHN J. GREENE,

Clerk

REPORT OF DISINFECTING STAFF

Dr. Charles V. Craster, Health Officer:

DEAR SIR: I herewith submit the report of the Disinfecting Staff for the year 1916.

The report indicates the routine work done in connection with communicable diseases.

Divisional Staff: The work is carried on by one Chief Inspector and seven divisional inspectors.

During the epidemic of infantile paralysis in 1916 this force was increased by seven additional temporary inspectors and four visiting nurses.

Visiting of all cases of contagious disease has been the rule, and attention is called to the large number of visits made in connection with this work.

The interest shown by the Visiting Nurses during the time employed by the Board and the instructions given by them in the care of patients with infantile paralysis were of great value and good results were constantly obtained.

The ordinance requiring placarding for measles and infantile paralysis added largely to the work of the staff.

Pneumonia: During the months of November and December histories of all cases of pneumonia were taken and special attention given to information about cases occurring amongst colored people.

Chicken Pox.—All cases of Chicken Pox were recorded during the month of December and information obtained as to whether vaccination had been successfully accomplished. This precautionary measure was taken because a case of smallpox had occurred early in this month.

The following is a detailed account of the work done in the past year, as compared with the previous year:

HOUSES QUARANTINED

	1915	1916
Diphtheria, including Membranous Croup (placarded)	1,203	923
Scarlet Fever (placarded)	608	885
Measles (placarded)	0*	8,583
Infantile Paralysis (placarded)	9	1,422
Small Pox (placarded)	0	1
Cerebro Spinal Meningitis (placarded)	16	37
Typhoid Fever (not placarded)	97	126
Whooping Cough (banded)	611	824
 Total number of cases	 1,544	 12,801

* Measles not placarded in 1915

DISINFECTION

	1915	1916
Diphtheria, including Membranous Croup	1,145	852
Scarlet Fever	565	816
Tuberculosis	750	1,175
Cerebro Spinal Meningitis	21	27
Infantile Paralysis	3	1,347
Small Pox	0	1
Special	735	219
 Total	 3,219	 4,437

for

BUREAU OF HEALTH.

MISCELLANEOUS

	1915	1916
Visits and inspections	5,445	35,696
Nuisances found	179	254
Funerals supervised	32	17
Control tests	1,628	1,134
Rooms fumigated	9,765	12,594
Total	16,449	49,820

Respectfully submitted,

HENRY MAC DONALD,

Acting City Infected Inspector

DISINFECTION DIVISION.
TABLE SHOWING WORK BY MONTHS

MONTH	NUMBER OF CASES			DISINFECTIONS			MISCELLANEOUS		
	Smallpox	Tuberculosis	Malaria	Smallpox	Tuberculosis	Malaria	Smallpox	Tuberculosis	Malaria
January	28	4	729	—	—	—	—	—	—
February	82	84	153	0	1	0	0	1	1
March	75	148	1	2	1	6	5	1	1
April	1	8	21	2	72	2	8	1	1
May	3	148	18	—	—	16	7	2	1
June	18	2	—	—	—	16	5	0	—
July	12	2	2	9	—	4	4	—	—
August	18	1	43	0	1	19	1	0	—
September	2	4	8	2	4	20	1	0	—
October	2	1	—	2	5	10	0	0	—
November	—	1	1	8	13	15	0	0	—
December	76	27	14	5	22	4	3	1	1
							73	20	107
							1	1	3
							11	1	1
							4040	20	9
								7	597
Totals	631	884	8,88	1432	879	186	37	115	833
							115	20	114
							9	1	6
							1	1	6
							54	100	134
							1	1	57

REPORT OF THE DIVISION OF BACTERIOLOGY

Charles V. Craster, M. D., D. P. H., Health Officer:

DEAR SIR—Herewith is respectfully submitted the report of the Division of Bacteriology for the year ending December 31, 1916.

Perhaps the most important subject on which to comment this year is the practical completion of the new building that the City has erected to be devoted to Bacteriological and Pathological diagnostic and research work.

The new regulations regarding cultures from exposed members of families in which cases of diphtheria occur have not been enforced long enough to enable an opinion to be formed as to what the effect is likely to be on the incidence of the disease. Up to date about 400 trial cultures from exposed persons have been taken, and in two cases without symptoms diphtheria bacilli were found.

The value of Diphtheria Antitoxin in the treatment of diphtheria is now so firmly established that little can be said that has not been said before, and it would seem that the only thing to be borne in mind now is that parents or guardians of children should constantly be reminded that diphtheria is just as deadly a disease as ever it was if neglected. And that every symptom of sore throat in a child always call for the attention of a physician.

It is not uncommon to find among the records at the laboratory that the date of the culture slip and that on the death certificate are the same, and the culture slip fre-

quently furnishes the information that the child was sick three, four or even five days when the culture was taken which usually means the first visit of the physician, who was called "too late."

The records of 1916 show that the number of diphtheria cases reported was lower than for any year since 1908. And the results of antitoxin treatment during the year compare favorably with the best results of previous years, as shown in the following table:

DIPHTHERIA IN 1916

Number of cases reported ..	63
Number of deaths regardless of treatment ..	50 = 78.6%
Number of cases treated with antitoxin ..	584
Number of cases treated with antitoxin ..	40 = 40%
Number of cases not treated with antitoxin ..	39
Number of deaths not treated with antitoxin ..	15 = 38.5%
Number of cases treated at the County Isolation Hospital at Soho	154
Number of deaths treated at the County Isolation Hospital at Soho	18 = 11.6%

DIPHTHERIA AND ANTITOXIN.

The following table gives the results of treating diphtheria with and without antitoxin, and includes three five-year periods from 1906 to 1910. The same ten years are recorded singly in order to facilitate comparison of the two plans of treatment by single years and by five-year periods:

DIPHTHERIA.

Antitoxin Used

Antitoxin Not Used

Period	Cases	Deaths	Per Cent.	Period	Cases	Deaths	Per Cent.
1895 to 1900	3296	357	10.8	1895 to 1900	2444	528	21.6
1900 to 1905	5070	365	7.2	1900 to 1905	1289	256	19.8
1905 to 1910	5348	323	6.0	1905 to 1910	622	144	23.0
Year				Year			
1910	1252	80	6.3	1910	133	24	18.0
1911	1247	56	4.5	1911	92	18	19.5
1912	1005	76	7.5	1912	93	15	16.1
1913	1489	89	5.9	1913	105	21	20.0
1914	1416	78	5.5	1914	82	11	13.4
1915	1085	48	4.4	1915	22	4	18.1
1916	884	41	4.6	1916	39	15	38.6

It will be noticed from the above table that practically all cases of diphtheria in Newark are treated with diphtheria antitoxin.

In going over the records for 1916 we found in a number of the cases that are recorded in the no antitoxin column that the culture for diagnosis was taken on the same day on which the death of the patient was recorded, therefore the examination of the culture took place 24 hours after the patient died. This would suggest that the parents or guardians of children sometimes fail to call a physician until the child is in extremis and beyond medical aid.

TUBERCULOSIS.

There have been examined during the year 3,984 samples of sputum of suspected tuberculous persons and in 1,222 specimens the tubercle bacilli were found. This indicates an increase of 15% in the total number of specimens for 1916 as compared with the record of 1915, and shows that about 30% of the specimens contained the germs of consumption.

GENERAL INCREASE IN NUMBER OF ROUTINE SAMPLES
NOTED.

There has been a general increase of from 10% to 17% during 1916 as compared with the previous year in the number of specimens of various kinds that constitute the routine work of the division. The increase has been as follows:

Blood examinations, increase	13%
Examinations for Specific Catarrhal Infection, in- crease	10%
Milk examinations, increase	14%
Water examinations, increase	17%

The following table gives the number of specimens of various kinds examined during each month of the year.

BACTERIOLOGICAL LABORATORY RECORD FOR 1916

	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Diphtheria—													
Primary cultures examined	779	568	603	504	455	332	325	183	151	316	461	419	5,696
True cases	90	65	41	34	72	41	45	24	9	52	71	34	613
Total number of cultures examined	957	712	675	615	575	421	401	323	174	345	577	512	6,310
Diphtheria Antitoxin—													
On hand January 1, 1916	56 ²												56 ²
Number of doses produced	349	348	332	159	—	42	405	503	—	318	—	312	2,556
Number of doses distributed	456	287	290	246	271	171	155	184	86	323	31	312	3,182
Tuberculosis -													
Specimens of sputa examined	416	422	341	421	438	315	344	212	318	469	251	274	3,844
Specimens containing tubercle bacilli	109	13 ^c	104	134	132	88	114	68	130	78	72	59	1,112
Blood examinations - typhoid & malaria	51	26	52	44	73	9	102	152	142	146	51	49	1,172
Specific catarrhal infection examinations	89	66	73	49	95	90	95	48	78	85	78	60	1,158
Water examinations	22	24	22	21	33	25	33	22	41	21	24	21	3,8
Milk examinations	196	276	109	133	371	411	23	323	132	261	181	89	2,762
Disinfection tests	89	91	110	130	152	131	266	12	21	18	16	16	1,366
Animals examined for rabies	1	1	2	3	4	—	1	—	1	1	1	1	16

BOARD OF HEALTH.

THE CITY MILK SUPPLY.

The milk work of the year has been reviewed in a very thorough manner covering the various features of the subject in the following report prepared by Dr. G. Ward Disbrow, Assistant Bacteriologist.

To R. N. Connolly, M. D., Bacteriologist:

DR MR SIR - During the past year 2,717 samples of milk have been brought to the laboratory by the inspectors of the Food and Drugs Division. Upon these samples 5,479 tests have been made. As soon as completed the results of the examinations have been reported to the Health Office, where they have been used in grading the city milk supply. Inasmuch as the examinations are of different types, I have thought it best to subdivide this report, and shall therefore take up each division in detail, giving a general summary at the end. For purposes of comparison I shall also give results obtained in each subdivision in preceding years. The technic followed, as heretofore, is that recommended by the Committee on Standard Methods of the American Public Health Association.

ROUTINE EXAMINATIONS.

These comprise agar plate counts, after two days' incubation at 37° C., to determine the bacterial content per c. c. For this type of examination 2,288 samples were brought to the laboratory, 1,492 (.65 16 + %) of which contained 100,000 bacteria per c. c. or less, thus conforming with the requirements of the ordinance of 1913-14. The remainder, 706 (34.79 + %), contained more than 100,000 bacteria per c. c. and were therefore unacceptable under the provisions of the ordinance.

Plate counting after two days' incubation at 37° C. has only been carried out during part of 1913, all of 1914, 1915 and 1916. The results obtained during this period are shown in the following table:

YEAR	Up to and including 100,000		100,001 to 500,000		500,001 to 1,000,000		1,000,001 and Over		Number Samples Examined Each Year
	No.	%	No.	%	No.	%	No.	%	
1913	43	79.62+	10	18.51+	1	1.85+	—	—	54
1914	67	70.81+	147	17.15+	48	5.60+	55	6.41+	857
1915	144	66.88+	383	17.95+	110	5.13+	217	10.12+	2144
1916	44	65.18+	427	18.08+	121	5.28+	248	10.83+	2288
	3376	66.92+	967	18.09+	280	5.24+	520	9.73+	5343

ROOM TEMPERATURE COUNTS.

Plate counting after four days' incubation at room temperature was discontinued April 1, 1916. Between January first and April first 340 examinations were made by this method.

EXAMINATION FOR STREPTOCOCCI.

During the year 2,717 examinations for streptococci were made. Of these, 2,288 were routine examinations made simultaneously with the 37° C. counts. 429 were special examinations of samples from suspected cows picked out by the Veterinarian during his inspections of the herds supplying the city. Of the 2,288 routine samples examined, 37 (1.61 + %) were found to contain streptococci. Of the 429 special examinations 74 (17.24 + %) contained streptococci. In the whole number of examinations made, 111 (4.08 + %) were found to contain streptococci.

The results of examinations made in preceding years are shown in the accompanying table. The results of special examinations are not included in the figures for 1915 and 1916. In 1915, 16.99 + % of the special samples contained streptococci as against 17.24 + % for 1916.

YEAR	Samples Examined	Streptococci Present	Per Cent.
1907	436	1	.23+
1908	449	5	1.11+
1909	198	4	2.02+
1910	170	8	4.70+
1911	446	16	3.58+
1912	411	14	3.41+
1913	1001	15	1.49+
1914	872	11	1.26+
1915	2183	8	.36+
1916	2288	37	1.61+
	8454	119	1.40+

EXAMINATIONS FOR ACID FAST ORGANISMS.

It has been known for some time that tubercle bacilli exist in market milk. It is also recognized that acid fast organisms, morphologically identical with the tubercle bacillus and possessing staining characteristics similar to this organism, may be found. With these facts in mind a series of investigations were carried out during 1915 and 1916 to determine whether these acid fast organisms were tubercle bacilli, and capable of producing tuberculosis in animals. In all 174 such examinations were made, in which 36 samples were found to contain acid fast organisms. Whenever found guinea pigs were inoculated with the milk sediments and attempts were made to grow the organisms on gentian-violet egg media and also on glycerine agar. In no instance did the inoculated animals contract tuberculosis and no evidence of the disease could be found on autopsy. In a large number of cultural experiments no organisms even remotely resembling the tubercle bacillus were found. As a result of these investigations it can only be stated that the organisms found, though closely resembling the tubercle bacillus, could not be proven to be this organism.

SUMMARY.

Below is given a table summarizing the examinations made during 1916 as compared with 1915:

	1915	1916
Plate counts at 37° C.	2,144	2,288
Plate counts at room temperature	1,992	340
Routine Streptococci	2,183	2,288
Special Streptococci	106	429
Examinations for Colon Bacilli.	260	0
Examinations for Acid Fast Organisms	40	134
	—	—
	6,535	5,479

Respectfully submitted,

G. WARD DISBROW, M. D.,
Assistant Bacteriologist.

THE CITY WATER SUPPLY.

"PEQUANNOCK."

The condition of the city water has been of such uniformly good quality during the past years, and the users have grown so accustomed to its high condition of purity, that a stranger is given the impression that the Newark people consider the Pequannock water beyond reach of all possible chance of contamination. This feeling of security has been brought about by years of personal reliance on the product, and it is to be hoped that the high regard for the water will always exist and be justified.

The bacteriological condition of the water during 1916 showed no appreciable change in the character of the fluid, and the 271 samples examined from different places and at different times during the year failed to show anything, except what could be regarded as negligible evidence of contamination, as will be seen in the following table:

AVERAGE NUMBER OF BACTERIA PER CUBIC CENTIMETER IN THE PECQUANNOCK WATER AT THE SAMPLING POINTS FOR SIX YEARS.

ORIGIN OF SAMPLES	1911			1912			1913			1914			1915			1916		
	No. of Samples	Average Number of Bacteria Per C.C.	Number of Samples	No. of Samples	Average Number of Bacteria Per C.C.													
Oak Ridge Stream, above Clinton Stream	21	152	22	189	23	111	19	1441	21	852	24	101	21	852	24	101	21	
Clinton Stream, above Oak Ridge Stream	21	1570	22	779	23	877	19	123	21	750	24	810	21	750	24	810	21	
Kanouse Creek, above Pequannock River	21	1556	92	1261	23	10.8	19	1131	21	643	24	1123	21	643	24	1123	21	
Echo Lake Stream, above Pequannock River	21	1147	22	10.6	23	746	19	1411	21	693	24	1161	21	693	24	1161	21	
Maeopin Intake, at Gatehouse	21	1252	22	655	23	783	19	540	21	511	24	496	21	511	24	496	21	
Cedar Grove Reservoir, at Inlet Gatehouse	22	440	14	490	23	292	20	236	22	195	24	242	22	195	24	242	22	
Cedar Grove Reservoir, at Outlet Gatehouse	22	208	26	287	23	208	19	215	22	158	24	118	22	158	24	118	22	
Belleville Reservoir, at Inlet Gatehouse	22	275	29	2.5	23	197	--	244	22	136	24	135	22	136	24	135	22	
Belleville Reservoir, at Outlet Gatehouse	22	211	29	267	23	172	22	201	22	108	24	118	22	108	24	118	22	
Board of Health Office, Plain and William Sts	22	162	32	188	23	93	20	120	22	66	24	59	22	66	24	59	22	
Laboratory Faucet, City Hospital	22	118	67	152	20	95	14	110	26	99	31	69	22	99	31	69	22	

Very respectfully,

R. N. CONNOLLY, M. D.,
Bacteriologist

ANNUAL REPORT
OF THE
Serological Laboratory
AT THE
City Hospital

Serological Laboratory AT THE CITY HOSPITAL

Charles V. Craster, M. D., D. P. H., Health Officer:

DEAR SIR I herewith submit the report of the Serological Laboratory for the year 1916

ORGANIZATION.

Since May, 1913, the Board of Health has offered to the physicians and hospitals of Newark facilities for the diagnosis and treatment of syphilis. Venereal clinics were established at the City Dispensary and a Serological Laboratory was organized at the City Hospital by combining the facilities of the Bacteriological and Pathological Laboratories.

The Serological Laboratory performs the Wassermann Reaction (an important blood test used in the diagnosis of syphilis), and examines initial and early sores for the Treponema Pallidum (germ of syphilis). Expert advice as to further diagnosis, treatment, etc., of syphilis is given and by judicious argument cases of active syphilis, especially in young adults, are directed to physicians and institutions where they can receive proper treatment and be kept from mixing in society until they have passed their active communicable stage.

The work of the laboratory, namely, the various tests, advice and opinion, are given to residents of Newark free of charge, but only through their doctors.

The Wassermann tests are made once a week at the laboratory. Physicians may collect the blood specimens personally, using the outfit supplied by the Department, or they may send the patients direct to the laboratory for this purpose. Outfits for samples of blood required in the tests, with a history blank containing directions, can be obtained at any of the culture stations established by the Board of Health or at the laboratory.

RECORD OF WASSERMANN TESTS.

The laboratory has at the present time compiled about 12,000 reports of Wassermann tests, about one-third of this number being from the medical and surgical wards of the City Hospital. These reports are filed, bound in volumes and card indexed.

WASSERMANN TESTS FOR THE YEAR 1916

TABLE NO. 1.

MONTH	| Number of Wassermann Tests	Positive	Negative
January	343	84	259
February	331	59	272
March	409	103	306
April	334	79	255
May	516	121	395
June	401	100	301
July	336	68	268
August	322	80	242
September	331	72	259
October	342	76	266
November	443	104	339
December	306	63	243
Totals	1414	1009	3405

TABLE NO. 2.

Showing source of tests.

MONTH	City Hospital		City Dispensary		Other Sources	
	Positive	Negative	Positive	Negative	Positive	Negative
January	18	102	7	23	59	134
February	12	90	7	41	40	141
March	19	83	29	38	55	185
April	11	69	18	18	50	166
May	25	142	24	33	72	210
June	13	90	18	32	69	179
July	10	99	12	27	46	142
August	9	35	12	23	59	184
September	7	58	10	22	55	179
October	15	51	13	34	48	181
November	15	83	30	54	59	202
December	10	38	9	31	44	174
Totals	164	940	189	376	656	2077

Other sources than the City Hospital or City Dispensary comprise those blood specimens sent to the laboratory by over 370 physicians in Newark and the following institutions: St. Barnabas' Hospital, German Hospital, St. Michael's Hospital, St. James' Hospital, Newark Eye and Ear Infirmary, Beth Israel Hospital, Homeopathic Hospital, Home for Crippled Children, Women's and Children's Hospital, Babies' Hospital, Verona Sanatorium, Soho Isolation Hospital, Florence Crittenton Home, Department of Education, Department of Child Hygiene and the Prosecutor's Office of Essex County.

TABLE NO. 3

Total number of Wassermann tests since laboratory started:

1913 (8 months only)	1,061
1914	2,322
1915	3,688
1916	4,383
Total for four years.	11,454

FUTURE ACTIVITIES.

When the Bacteriological Department of the Board of Health and the Pathological Department of the City Hospital move into the new joint laboratory building, situated at the City Hospital and about ready for occupation, the work of the serological laboratory will be greatly augmented, due to the increased help and equipment which will be available. It is hoped then that the work of the laboratories may be increased by the performance of complement fixation tests for the diagnosis of gonorrhœa, tuberculosis, pertussis, glanders and certain streptococcal infections, and that the study of certain problems in infection and immunity will be possible.

In the near future the laboratory expects to perform the Wassermann tests on five days of the week, instead of one as at present.

In previous reports attention was called to the fact that it was fast becoming a diagnostic necessity in the City Hospital to have routine Wassermann tests carried out on patients staying in the hospital for a longer period than a week. In the diagnosis of many of the chronic organic lesions of the central nervous system, etc., a complete serological examination of the blood and spinal fluid is just as important as, for example, the examination of the urine in a case of Bright's Disease. This, for instance, in the spinal fluid alone, means the examination of the globulin content, pleocytosis, complement fixation and cold gold reactions, all procedures which cannot easily be separated one from the other. With the new laboratory facilities we may expect a considerable increase in the work of this laboratory.

Respectfully,

H. S. MARTLAND, M. D.,

Pathologist.

ANTI TOXIN AND CULTURE STATIONS BY WARDS

Ward	STATION	Street and Number	Telephone No
First	A. R. Bianchi	Seventh Avenue and Sheffield Street	11st B. B.
First	W. R. Seudder	95 Belleville Avenue	1142 B. B.
First	Second Precinct Police	St. Peter and Seventh Avenues	740 Market
Second	St. Michael's Hospital	Central Avenue and High Street	761 Market
Second	City Dispensary	Plane and William Streets	830 Market
Second	C. Holzhauer	Broad and Market Streets	842 Market
Second	E. F. Fielding	925 Broad Street	941 Mulberry
Second	C. W. Menk	106 Market Street	291 Mulberry
Second	First Precinct Police	Court and Washington Streets	540 Market
Third	St. Barnabas' Hospital	681 High Street	641 Market
Fourth	Firemen's Pharmacy	Broad and Market Streets	536 Market
Fourth	A. E. Sayre	182 Broad Street	74 Market
Fourth	Max Lewitt	Broad and Fulton Streets	10671 Market
Fifth	I. M. Greenfield	241 Walnut Street	968 Market
Fifth	Siedler's Drug Co	21 Ferry Street	861 Market
Sixth	J. P. Smith	315 South Orange Avenue	1544 Mulberry
Sixth	L. L. Staehle	169 South Orange Avenue	171 Market
Sixth	City Hospital	116 Fairmount Avenue	930 Market
Seventh	D. Strauss	62 Springfield Avenue	661 Market
Seventh	P. J. Corrigan	25 Wallace Place	345 Market
Eighth	Ellwood Pharmacy	190 Washington Avenue	1091 B. B.
Eighth	Oriental Pharmacy	289 Belleville Avenue	153 B. B.
Eighth	H. J. Quin	187 Bloomfield Avenue	169 B. B.
Eighth	L. Arnold	184 Mt Prospect Avenue	4134 B. B.
Eighth	Eighth Precinct Police	Washington Avenue	5400 Market

ANTI-TOXIN AND CULTURE STATIONS BY WARDS—Continued.

Ward	STATION	Street and Number	Telephone No.
Ninth	Geo. Linnett & Bro	77 Lincoln Park	3034 Mulberry
Ninth	G. F. Temple	21 Clinton Avenue	818 Waverly
Tenth			
Eleventh	J. B. Foster	Orange Street and Roseville Avenue	151 B B
Eleventh	Fifth Precinct Police	Orange and Sixth Streets	510 Market
Twelfth	O. Scholz	131 Hanburg Place	434 Market
Twelfth	O. Vol. Gerben	500 Ferry Street	16244 Market
Twelfth	Bowery Pharmacy	28 Fletching Avenue	10101 Market
Twelfth	Third Precinct Police	Van Buren Street	510 Market
Thirteenth	A. Marquard	1011 South Orange Avenue	2878 Mulberry
Thirteenth	A. Rousch	661 Springfield Avenue	2444 Waverly
Thirteenth	Seventh Precinct Police	South Orange Avenue	5400 Market
Fourteenth	F. L. Feind	76 Belmont Avenue	2494 Waverly
Fourteenth	A. G. Koellble	362 Springfield Avenue	1531 Waverly
Fourteenth	Fourth Precinct Police	Seventeenth Avenue	5400 Market
Fourteenth	C. Wuensch	194 Springfield Avenue	2481 Waverly
Fifteenth	E. Broch	398 Central Avenue	3301 Market
Fifteenth	L. Hagny	Central Avenue and Fifth Street	1651 B B
Fifteenth	C. P. Moll	162 Central Avenue	1519 Market
Sixteenth	H. Hagny	331 Clinton Avenue	2468 Waverly
Sixteenth	G. J. Keller	191 Avon Avenue	1103 Waverly
Sixteenth	W. J. Witt	821 Clinton Avenue	281 Waverly
Sixteenth	Sixth Precinct Police	Hunterdon and Below Streets	5400 Market

CULTURE COLLECTORS.

John F. Dunn
William J. Foyle

65 South Seventh Street
142 Hudson Street

ANNUAL REPORT
OF
THE CITY DISPENSARY

Dr. C. V. Craster, M. D., D. P. H., Health Office.

Dear Sir I beg to submit the report of the Dispensary for 1916

DISTRICT PRESCRIPTIONS—1916.

DISTRICT	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
First	105	78	93	51	76	52	65	35	37	24	31	36	689
Second	62	35	46	20	21	22	31	16	16	20	20	51	363
Third	139	68	82	53	42	32	25	35	22	24	32	55	609
Fourth	160	129	116	102	82	43	49	50	33	34	28	35	861
Fifth	102	85	138	73	38	32	18	11	6	20	34	24	591
Sixth	52	30	5	32	25	35	31	33	22	15	12	25	370
Total	620	425	526	331	307	216	222	180	136	137	160	226	3,483

RECAPITULATION

Total number of patients treated	32,171
Total number of prescriptions	40,641
Total number of patients sent to hospitals	1,860
Total number of vaccinations	417
Total number of laboratory specimens examined	3,775

TOTAL ATTENDANCE AT THE CITY DISPENSARY BY MONTHS AND DISEASES
TREATED.

CLINICS	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Medical	548	45	57	66	74	119	119	117	113	111	115	110	1,345
Surgical	699	64	638	491	411	675	518	693	511	411	176	115	6,487
Sk n	158	178	29	12	12	15	11	11	79	16	81	83	1,370
Syphilis	1.9	215	28	2	38	25	212	247	192	203	216	196	1,770
Children	18	128	18	183	21	18	16	*	21	16	13	101	1,178
Women	68	66	1	91	58	62	87	40	38	46	71	61	600
Genito-urinary	35	239	21	17	181	191	189	13	161	181	193	18	2,410
Eye, Ear, Nose and Throat	128	10	9	129	15	108	76	38	41	77	81	13	1,87
Nervs	179	18	215	125	183	215	172	110	110	16	13	15	1,981
Tuberculosis	111	512	81	581	627	674	211	182	176	462	471	83	5,317
Dental	5	28	51	37	6	31	5	47	23	2	3	25	392
Vaccinated	1	31	51	2	5	25	12	15	87	31	15	26	417
Orthopedic	4	22	1	7	33	31	16	9	180	541	46	32	1,772
Rectal	—	—	11	9	18	21	20	12	17	—	38	16	215
Total treated	3,40	2813	1,75	578	416	2981	2029	2,114	2,25	2793	2,7	2445	32,171
Clinic prescriptions	3060	2966	3009	3108	3690	3607	2474	2854	2534	3260	3130	2866	37,158

Closed owing to Epidemic of Poliomyelitis

PATIENTS SENT TO HOSPITALS BY PERMIT ISSUED FROM THE DISPENSARY
FOR CITY HOSPITAL AND CITY BEDS IN OTHER HOSPITALS

HOSPITALS	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
City	58	38	44	28	44	34	38	10	21	39	40	17	431
St. Michael's	13	14	1	12	1	4	4	4	14	6	6	6	113
St. Barnabas'	7	13	9	10	10	5	10	9	12	7	12	7	111
St. James'	3	8	12	9	5	6	9	11	7	2	2	13	94
Geffman	1	12	1	11	13	10	3	7	13	6	6	6	104
Beth Israel	1	8	1	1	9	11	2	18	7	11	9	11	121
Women and Children's	4	4	—	—	—	4	2	—	6	3	2	2	45
Home for Crippled Children	1	—	1	7	—	1	—	1	—	2	1	1	13
Eye and Ear Infirmary	1	52	2	21	6	5	1	7	10	14	9	1	266
Babies'	6	20	16	13	12	14	20	12	11	18	11	9	162
Tuberculosis Sanatorium	28	—	29	—	1	26	29	19	29	24	16	282	
Eighth Avenue Day Nursery	—	—	1	—	2	1	—	—	—	2	—	—	6
Totals	178	177	17	16	187	111	127	120	129	132	100	108	1,809

PART OF HOSPITAL

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REPORT OF DISPENSARY PATHOLOGIST.*

LABORATORY SPECIMENS	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
Wassermanns	36	57	49	39	34	32	48	85	38	418
Urides	167	204	227	178	187	208	238	284	214	1,907
Sputums		11	27	11	7	18	19	21	23	137
Exudates and transudates	1	1	178	169	165	196	157	197	178	1,229
Blood				9	1	2	13			31
Surgical Specimens										8
Examinations for Trep. Palidum.					11	7	7	8	4	37
Intravenous "606"	—	—	—	—	—	—	—	—	8	8
Totals	245	315	481	357	402	463	452	595	465	3,775

* Appointed April 19, 1916

VACCINATIONS AT CITY DISPENSARY.

	Jan	Feb	Mar	April	May	June	July	Aug.	Sept.	Oct	Nov.	Dec	Total
Vaccinations	10	34	54	42	65	25	12	15	85	34	15	26	417

Respectfully,

WILLIAM M. SMITH,
Pharmacist

The following chart shows the work performed by the District Physicians during the year:

	Dr. Fischer	Dr. Judd	Dr. Hill	Dr. Broadnax	Dr. Rodemann	Dr. Hirshberg	Total
Actual No. of houses visited	1292	589	686	217	740	932	4156
Actual No. of families visited	1241	592	682	243	772	943	4473
No. of sick prescribed for	1313	621	658	305	819	1245	4961
No. of sick treated by others	93	10	1	24	18	147	
Total No. visits made	1496	745	1263	1136	1291	2299	8230
No. sent to hospital	165	61	79	37	106	80	478
No. of deaths	12	3	10	6	9	5	45

The following table shows the work of the Parochial School physicians in the 25 schools under their medical care:

NATURE OF WORK

	Dr. M. J. Coffey	Dr. Raymond Muller*	Dr. H. G. McBride	Dr. D. R. Campbell	Dr. P. J. Clark†	Dr. H. C. Pover	Others
Pupils examined	2070	3503	502	2316	77	1764	10,232
Physical examinations	1559	34	131	200	25	1123	3,072
Vaccinations	140	—	22	124	—	83	369
Treatments administered	462	369	204	916	77	1214	3,390
Classroom inspections	57	52	288	353	19	175	2,875
Skin diseases	154	51	88	291	28	46	1,110
Eye defects discovered	151	57	10	276	5	139	677
Ear defects discovered	25	17	35	199	10	46	342
Contagious diseases	63	9	4	—	8	2	86
Tonsilitis cases	58	42	38	413	30	147	722
Other defects and ailments	144	18	285	1606	5	376	1,791

* Dr. Muller after March 1st. † Dr. Clark up to March 1st.

ANNUAL REPORT
OF THE
BUREAU OF TUBERCULOSIS

ANNUAL REPORT
OF THE
BUREAU OF TUBERCULOSIS

Charles V. Craster, M. D., D. P. H., Health Officer:

DEAR SIR—Herewith I present the report of the Division of Tuberculosis for the year 1916:

SANATORIUM AT VERONA

Patients in Sanatorium December 31st, 1915	61
Patients admitted during year	296
	—
	358
Patients discharged during year	234
Patients died	11
Patients in Sanatorium December 31st, 1916	93
	358

Condition of Patients on admission.

Incompetent	65	22%
Moderately advanced	140	41%
Not advanced	111	37%
	286	

Condition of Patients on discharge.

Apparently arrested	75	29%
Quiescent	32	13%
Improved	23	21%
Not improved	68	27%
Unassisted because of too short a stay	27	10%
	—	254

Since discharge 73 of the apparently arrested cases have advanced to the arrested class, 26 of the quiescent cases to the apparently arrested class, 37 of the improved cases to the quiescent class. All of these continued their improvement after the upward start given them at the Sanatorium because of the conditions of fresh air and food at home approximated those pertaining to the Sanatorium.

In returning 24, of whom 2 were apparently arrested cases, and 16 unimproved retrograde after a longer or shorter stay at home. All were from time to time referred to the Sanatorium where improvement again was shown.

The future of these 24 is problematical, as in no case are the fresh air and food at home equal to the necessity; and the limited capacity of the Sanatorium and limitations of structure in the city make it unfair to others needing sanatorium care to keep patients in the institution after a certain length of time of continued improvement.

The 68 unimproved are some of them in their homes, some of them in hospitals and some of them in Soho. Ten of them have since died.

The 75 apparently arrested cases were, on admission, 63 incipient and 12 moderately advanced. The 2 incipient cases not included in this improvement regressed steadily from admission.

The 32 quiescent cases were, on admission, 28 moderately advanced and 4 far advanced.

The 53 improved cases were, on admission, 40 moderately advanced and 13 far advanced.

The 68 unimproved cases were, on admission, 30 moderately advanced and 38 far advanced.

The 26 who left after a short stay were far advanced on admission, some were sent to the City Hospital, some to Soho and some to their homes. Twenty of them have since died.

The remaining 40 moderately advanced cases are, at this writing still in the institution. All but 6 are improving, and these 6 will soon be sent from the Sanatorium.

The balance of the far advanced cases admitted, 54, have for the most part improved. These will be held at the institution until their improvement is stable, a stay of not more than 6 weeks longer for any of them.

Interesting facts evolved from a study of the figures given are that 12, 10%, of the moderately advanced cases admitted improved to the apparently arrested class, 28, 23%, improved to the quiescent class during their stay at the Sanatorium. That 4, 3%, of the far advanced cases were quiescent cases and 13, 11%, improved at the time of leaving the institution. The great number of moderately and far advanced cases in the city, constant incuse in the home and in many instances to the public, together with the lack of beds for such cases in the hospitals in the city and in the county sanatorium at Soho, were the reasons for admitting them to the Sanatorium. The Division is hopeful that the above showing of results will dispel some of the criticism excited by this policy.

CIVIL CONDITION.

Married		154
Single		137
Widowed		5
		296

OCCUPATIONS OF THOSE ADMITTED.

MALE

Factory hands	29	Painters	3
School boys	10	Silversmiths	3
Salesmen	9	Undertakers	2
Drivers	9	Tool makers	2
Button makers	8	Bakers	2
Laborers	7	Steel workers	2
Electricians	7	Hatters	2
Press workers	4	Firemen	2
Tailors	4	Stove makers	2
File cutters	4	Plumbers	2
Mechanics	3	Beef handlers	2
Plaster makers	3	Bartenders	2
Shipping clerks	3	Waiters	2

ONE OF EACH OF THE FOLLOWING.

Jail keeper	Elevator man	Paper hanger
Mason	Motion picture operator	Peddler
Watch maker	Cigar maker	Carpenter
Bookkeeper	Brewer	Lumber dealer
Street cleaner	Agent	Advertiser
Policeman		Watchman

OCCUPATIONS OF FEMALE PATIENTS.

Housewives	32	None given	3
Factory hands	22	Sales clerks	2
Tailoresses	5	Maid	1
Dressmakers	4	Laundress	1

The balance of those admitted to the Sanatorium could give no occupation.

SEX OF THOSE ADMITTED.

Male	213
Female	83
	—
	296

SEX OF THOSL. DISCHARGED

Male		,81
Female		7
		—
		254

COMPARATIVE MONTHLY ADMISSIONS AND DISCHARGES DURING 1915 AND 1916.

Month	Ad-		Dis-		Ad-		Dis-	
	mitted	charged	1915	1916	mitted	charged	1915	1916
January	27	28	January	—	12	13		
February	28	16	February	—	13	11		
March	27	19	March	—	12	11		
April	31	31	April	—	15	20		
May	25	24	May	—	16	15		
June	20	20	June	—	13	12		
July	23	25	July	—	12	13		
August	30	20	August	—	25	19		
September	20	23	September	—	15	22		
October	18	19	October	—	19	12		
November	25	8	November	—	17	10		
December	21	24	December	—	22	21		
	—	—			—	—		
	295	257			191	179		

FINANCIAL REPORT.

EXPENSES

Food	\$21,112.55
Maintenance outside of food	4,415.71
Improvement account	2,178.40
<i>Overhead expenses -</i>	
Salaries	\$9,781.29
Light, Heat, Water, etc.	2,979.25
	12,761.14
	\$40,467.80

Sanatorium days	\$1.125
Total per capita . . . . .	.304
Total per capita aside from Improvement account . . . . .	.234
Total overhead per capita, including Improvement account . . . . .	.481
Total overhead per capita aside from Improvement account . . . . .	.411
Maintenance per capita, including food . . . . .	.822
Food per capita . . . . .	.68

The total per capita, .304, is .405 under that of 1915. The food per capita, .68, is .22 under that of 1915. The improvement per capita is .04 under that of 1915. The maintenance per capita aside from food is the same as that of 1915. The overhead per capita, inclusive of maintenance, is .481 under that of 1915.

This last is explained by the fact that an average of 85 patients a day were cared for during 1916, as against an average of 62 during 1915, without any increase in medical department nurses, department or help, nor in increase in heat and light cost.

A comparison of the food per capita with that of 1915 is interesting. This per capita for 1916, as stated above, is .22 under that of 1915, notwithstanding the great advance in cost of food supplies during the last four months of the year. The explanation of this is that the food per capita, for the first six months of 1915, before the Division was established, was .9366. This high per capita for this six months made the whole of 1915 per capita high, in view of the then prices of food supplies, even though the per capita of the last six months was reduced to .5.45.

I have gone into the above minutiae of cost as a justification for the increase in bed capacity made during the year. This increase was largely made just previous to the post summer advance in foods of all kinds, except milk. The increased number of patients notwithstanding this advance has been kept at a per capita of .22 below that of 1915.

This, too, is explained by the fact that food cost ratio does not advance equally with increasing number of beds.

The great expense in improvements was caused by laying an auxiliary pipe line for water from the city home to the sanatorium. This, with the fire escapes placed last year, secures adequate defense against fire peril.

CLINICS.

The attendance at the clinics was as follows:

Attendance at Laryngeal Clinics.....	225
For admission to Verona Sanatorium.....	780
Attendance at Children's clinics	1,800
Attendance at Adults' clinics	2,544
	-
	5,349

The applicants for admission to Verona were 248 more than in 1915. The attendance at the children's clinics was 300 over that of 1915 and at the adults' clinics 200 over that of 1915, a great increase, in view of the fact that the clinics were closed during July, August and September, the months of the Infantile Paralysis epidemic. The demand for clinics in different parts of the city is constantly growing emphasized by the President of the Board. It has been impossible to establish additional clinics with the Division's limited appropriation.

All children appearing at the clinics have received the Von Pirquet test. Those showing a reaction have received a physical examination, and have had an X ray taken. Results have shown 1,010, 36%, with lesions, either one glandular or pulmonary. This percentage is lower than was found in 1915, and is accounted for by the fact that many children have been examined from homes where intelligence has been a great factor in preventing infection, and the further fact that many children examined were born after the establishment of the Division with its increased nursing force. These children have in many instances been safeguarded by the teaching the parents have

receive efficient nurses a training lacking, in many homes, at the time of the advent of the previous children.

Wards from which the 1,010 children came.

Ward	Children	Ward	Children
1	8	9	51
	57	10	89
		1	28
2	27	12	47
3		13	75
	44		124
4	7	15	61
	23		48

LARYNGEAL CLINIC

The value of the Laryngeal Clinic cannot be over estimated. The first symptom of an pulmonary tuberculosis is usually hoarseness or the Larynx is the most common and earliest complication. Every diagnosis is important and the earlier it is made and treatment instituted the greater the chance of recovery. By early treatment we can also avoid the painful and distressing feature of this complication.

FIELD WORK

During the first six months of the life of the Division ending December 31st, 1915, the nurses in its employ made 3,976 visits. At this rate the number for a year would have been 7,952. Under a speeding up policy, however, the five nurses during the year 1916 made 10,733 visits and made 7,480 investigations of home, civil, occupational and recreational. This does not include the visits made by the physician assigned to bedridden patients unable to visit the clinic. There were done in addition eight such visits were made during the year 1916.

The field work will not be satisfactory to me as the responsible head of the Division, having a first hand knowledge of the tuberculosis problem in the city, until the department has

a sufficient nursing force to go to every tuberculous home. This is impossible without a force of at least fifteen nurses. It must not be forgotten that the work of these nurses is for the great part educational requiring visiting and re-visiting in many homes. The most intelligent tuberculous patient is prone to grow careless, and only the constant reminder from the nurse can effectually meet the necessity of safeguarding the family and the public.

THE TUBERCULOUS SITUATION IN THE CITY.

Cases reported during the year..	. 2,419
Patients still living reported in previous years	. 5,000
Deaths (all forms)	776

The number of cases reported for the year exceeds the number reported in the year 1915 by 273. This increase has been almost entirely reported by the clinics of the Division. The conviction is that very many cases are still being passed and so going unreported. The infection grows as experience in the clinic grows, which experience has shown many cases as having been treated as "Malaria," "A fatigue condition," "Chronic Bronchitis," "Weak lungs but not tuberculosis," etc.

The Division has knowledge of over 1,800 cases of open tuberculosis, that is, cases which have bacilli in their sputum. Those with only a superficial knowledge of the danger of infection shun personal contact with these, but those with a deep knowledge of the tuberculosis problem know that this open class is one of the sources of infection of thousands of children infected and know, too, that they are a menace to the public, through a street spitting habit and the handling of foods and drink.

There are, with our known incomplete records of the New York tuberculosis situation, 123 to 1, dealers of fish, dealers of pelicans, meat dealers, bakers, candy dealers, restaurant keepers, waiters, cooks, 83 handlers of

drunks, 1 milk soda water and alcoholic drinks), 39 cigar makers and 37 barbers in the city who are tuberculous.

Also those with a deep knowledge of the subject and a specific knowledge of this problem as it relates to Newark know that in Newark it is the most demanding health problem. We know that economically it should be the overriding problem of the city and county government. We know the problem can only be met, with happy solution, by providing beds for the open cases, to remove these sources of infection from their homes and from the city. We know the number of beds should be one for each case. The problem now demands 864 beds for open tuberculosis cases.

We know that in addition to these beds there should be housing facilities for the host of children known to be infected; a preventorium where such children can have their immunity against their infection raised to the highest point.

We know that clinics should be established at selected points in the city which would be the feeders of Sanatorium and Preventorium, as well as a place for the treatment of the ambulatory, sterile sputum pulmonary cases, and the joint and glandular cases.

We know that in connection with these clinics there should be a large clinical staff and a nursing force adequate to the need which will occur with the establishment of many clinics.

The faith of the Division is that the city of Newark will some day make good its obligation to the tuberculosis situation. Its hope is that this fulfilment may be speedily realized.

Respectfully submitted,

THOMAS N. GRAY, M. D.,
Director of the Bureau of Tuberculosis

ANNUAL REPORT
OF THE
Division of Child Hygiene

ANNUAL REPORT
OF THE
Division of Child Hygiene
DEPARTMENT OF HEALTH

Dr. C. V. Craster, Health Officer.

DEAR SIR:—I herewith present the report of this division for the year 1916.

STATISTICAL SUMMARY

INFANT MORTALITY RATES

	1916	1915
Deaths under one year per 1,000 births	89.6*	85.3
City death rate (deaths at all ages per 1,000 population)	16.5	14.3
* If deaths under one year from poliomyelitis are omitted the infant mortality rate is 83.7		
Rate for entire city	89.6	
Rate for supervised babies	26.3	
To compare same age groups—		
Rate for entire city	89.6	
Rate for supervised babies (inc. expectant babies who died before visited by nurse)	41.0	

RESULTS OF SUPERVISION OF EXPECTANT MOTHERS

Death rate of infants during first month per 1,000 living births	70
City rate per 1,000 living births	79.0
Death rate of still births per 1,000 live births	11.7
City rate per 1,000 living births	41.7

EFFECT OF SUPERVISION OF BABIES ON
FEEDING.

Prenatal Cases--		Per cent
Infants entirely breast fed at end of first month	99.0	
Infants partially breast fed at end of first month	0.5	
Infants entirely artificially breast fed at end of first month	0.5	
Birth Record Cases--		
Infants entirely breast fed at 6 months ..	84.9	
Infants partially breast fed at 6 months ..	10.9	
Infants entirely artificially fed at 6 months ..	4.2	
Ophthalmia Neonatorum--		
No case of blindness reported in 1916.		
45% reduction in the number of cases reported		

BIRTH REGISTRATION

Discovered unreported births, by looking for the birth record of all babies that died under the age of one year:

Year	Births	Deaths Under One Year	Discovered		Per Cent
			Unreported Births	Per Cent	
1914	11,107	1,122	174	15	
1915	10,955	935	125	13	
1916	11,446	1,026	99	9	

GENERAL ACTIVITIES

During 1916 the work has been extended particularly in the care of expectant mothers and the supervision of the child up to the pre-school period. With an appropriation a little less than twice as large as that of 1914, we have taken on many new activities and have accomplished three and four times as much work for the mothers and babies.

Projects in care and supervision are thoroughly organized and the work can be extended to other parts of the city without any loss of efficiency as rapidly as funds are available.

NURSES' ACTIVITIES

	1916	1915	1914
Supervised babies ..	3,91	2,122	1,719
Nurses' visits to homes ..	23,630	14,247	5,163
Vol. rec'd. visits to Consultation Stations ..	382*	5247	2,554
Expectant mothers receiving prenatal care ..	712	391	52
Members of Little Mothers' League ..	350	240	60
Attendance at Little Mothers' League classes ..	2,459		
Bad housing conditions reported ..	287		
Contagious diseases reported ..	147		
Defects corrected in older children ..	82		

*Stations closed on account of epidemic.

SUPERVISION OF MIDWIVES

Midwives supervised ..	95	100
Licenses revoked ..	3	.
Midwife moved out of city ..	1	
Died ..	1	

BOARDING HOMES FOR INFANTS.

Licenses granted ..	46	40
Number of infants boarded out ..	43	32
Number of infants in boarding homes at end of 1916 ..	40	

OPHTHALMIA NEONATORUM.

Cases supervised ..	18	9
Cases discovered by smears sent in by Division nurses ..	4	.
Number of smears sent in by Division nurses ..	29	

SUMMARY OF RESULTS FOR THE CITY.

The infant mortality rate for 1916 was 89.6 deaths under one year per 1,000 births.

To compare this rate with previous years it is desirable to allow for the unusual epidemic of poliomyelitis, which was responsible for 59 per cent in the infant mortality rate

In 1916, if this is omitted the infant mortality rate becomes 83.7, or 1.6 points lower than it was in 1915.

This record is rather encouraging, as during 1916 we also had a very severe epidemic of measles and influenza when 8,883 cases of measles were reported. Twenty three deaths under one year were due to measles and 3 to influenza, while in 1915 only 10 deaths were due to measles and influenza combined.

A comparison with the large cities of the country places Newark at the head of the list.

Newark	89.6	Cleveland	106.9
New York	93.1	Pittsburgh	109.2
St. Louis	94.	Detroit	112.8
Philadelphia	100.1	Buffalo	113.9
Boston	104.0	Baltimore	118.1

PROPORTION TO TOTAL DEATHS. It is gratifying to note that since the Board of Health has entered the field of preventive child hygiene work, deaths under one year represent 26.6% of the total deaths than during the previous thirteen years, and that if the infant mortality rate of 1910 had obtained in 1916, 379 more babies would have died.

From 1901 to 1905 the deaths under one year represented 27.6% of the total, from 1906 to 1910 this proportion increased to 21.0; from 1911 to 1913 it decreased to 19.73; in 1915 to 16.98 and in 1916 to 16.2.

PREGNATAL CARE. The value of the child hygiene activities is more in the health of living infants than in the still birth rate. A comparison between supervised expectant mothers and un-supervised babies with those of the entire city is very instructive. While the number of still births per 1,000 births in the entire city was 41.7, the rate among the supervised expectant mothers was 11.6; while the death rate among babies under one month of age in the entire city was 11.1% of the babies of supervised expect-

ant mothers was 7.6 per 1,000 births, and while the general infant mortality rate for the city was 89.6 per 1,000 births, the death rate among supervised babies was 26.3.

LIVES SAVED. In order to make a more accurate comparison between the infant mortality rate of the entire city and that of the supervised babies we have included all the babies that were to be supervised in the mortality figures of the Division, even though they died before the nurse visited them. This would give a death rate for supervised babies of 41.0 per 1,000 births, still less than one half that of the city.

Another way to compare the infant mortality rate of the city with that of the supervised babies would be to deduct all the deaths occurring in the first week from the city's deaths, as our babies are usually over one week old before placed under supervision. This would give an infant mortality rate for the city of 63.0. Even if we deduct all the deaths of the city occurring in the first two weeks of life the infant mortality rate will be 58.1, more than twice as high as that of supervised babies.

MATERNAL NURSING. The best guarantee for the life, health, vigor and resistance of our infants is to be found in the number of breast fed. This year the percentage has again been increased, so that of 1,073 cases 84% were entirely breast fed for at least six months, 95.8% were partially breast fed for at least six months and only 4.2% were entirely artificially fed before six months of age, while among 423 babies of mothers supervised during the prenatal period 90% were breast fed during the first month of life.

MOTHERS SAFELY SPARED. There has been a considerable saving of mothers in confinement in the past three years, as is shown by the death rate from puerperal deaths.

PUERPERAL DEATHS

	1916	1915	1914
Rate per 1,000 deliveries .	21	35	49
Rate per 1,000 births	22	3.6	5.3

Rates in other large cities per 1,000 births, 1916:

New York	1.6	Cleveland	5.6
Buffalo	3.2	Boston	6.5
Detroit	3.7	Baltimore	6.8
St. Louis	5.2	Philadelphia	7.0

STATISTICS. Of 26 cases reported 18 were investigated, and in only six cases a midwife in attendance at any time. Since the midwives attended 48.7% of all births this is a very good record.

BIRTHS.

The total number of births in Newark during 1916 numbered 11,446. This number as well as the birth rate shows an increase in 1916 over 1915.

DISTRIBUTION. In three wards of the city there were more than 1,000 births in each, namely, the First, Third and Fourteenth. The First and Fourteenth Wards are inhabited mostly by Italians, and the Third by Russians and Austrians.

It is interesting to study the birth rates in the different wards of the city, expressed upon the estimated population of the various wards in 1915.

WARDS	Population	Total Births	Rate per 1,000 Population
First	27,390	1,125	41.0
Second	15,087	270	17.8
Third	34,630	1,183	34.1
Fourth	10,163	237	23.7
Fifth	19,559	979	50.0
Sixth	18,613	448	24.6
Seventh	16,021	495	30.8
Eighth	24,966	662	26.5
Ninth	25,381	603	23.7
Tenth	18,399	887	48.2
Eleventh	17,255	391	22.6
Twelfth	22,503	759	33.7
Thirteenth	33,789	940	27.8
Fourteenth	36,781	1,098	29.8
Fifteenth	15,327	406	26.1
Sixteenth	30,887	742	24.0

The highest birth rates were in Wards 5, 10 and 1, in which the birth rate was over 40 per 1,000 population. The population in Ward 1 is Italian, and in 5 and 10 about 75% is foreign born, principally Italian, Austrian and Russian.

The lowest birth rate was in Ward 2, with a rate of 17.8. The population of this ward is largely native born and includes a large colored population.

Wards 3, 12, 7 and 14 had rates above the rate of the city.

NATIVITY. The percentage of births of native born white mothers, Austrian and Irish mothers has slightly increased over the previous year, while the percentage of births of Italian, Russian, and English has slightly decreased.

41.7% of the total births were of native born mothers, 21.2% of Italian mothers, 12.2% of Russian mothers and 15.5% of Austrian mothers. Colored, German, Irish and English mothers each contributed less than 3% of the total births.

BIRTHS FOR EACH WARD BY NATIVITY OF MOTHER

WARD	United States	Italy	Russia	Austria	Germany	England	Ireland	Others	Total
First	246	739	7	11	1	11	23	4	1,125
Second	179	21	15	13	2	5	13	22	270
Third	204	43	111	425	9	5	4	49	1,183
Fourth	134	46	8	17	6	5	7	14	237
Fifth	219	227	178	285	6	2	17	45	979
Sixth	288	42	25	43	12	5	27	6	448
Seventh	17	159	42	72	6	1	11	20	405
Eighth	36	16	17	21	22	11	15	15	662
Ninth	47	7	13	34	1	18	20	23	63
Tenth	215	321	84	189	17	11	17	33	887
Eleventh	287	34	14	11	11	10	9	15	391
Twelfth	227	15	152	285	33	5	18	24	759
Thirteenth	568	41	116	78	53	20	31	33	940
Fourteenth	256	389	146	221	40	5	5	36	1,098
Fifteenth	213	92	13	17	11	5	35	20	406
Sixteenth	495	4	95	55	40	12	12	29	742
Totals	4,505	2,431	1,399	1,777	287	131	267	428	11,225

* Includes of non resident and address unknown not included in total.

In 1918, 51.82 or about one half of all the births were attended by midwives. Midwifery practice is most prevalent among Italian and Austrian mothers, of whom 10.8% and 76.9% respectively were attended by midwives. While 21.1% of native women and 48% of Russian mothers employed midwives, there was a slight decrease in the proportion of mothers of all nativities, excepting Italian and Austrian, who employed midwives in 1916.

4,488, 39.2%, were attended by physicians, and 1,374, 12%, were attended in hospitals. This is a slight increase over 1915. It is interesting to note that hospitals are patronized very little by Italian and Austrian mothers. Of the 3,401 mothers attending hospitals 84 were native born

		Percentage Distribution
Attendant		
Midwife	5,582	48.7
Physician	4,488	39.2
Hospital	1,374	12.0

BIRTHS BY NATIVITY OF MOTHER AND ATTENDANT

NATIVITY OF MOTHER	Total	Midwife	Physician	Hospital	Percentage of Midwives
Italy	1,171	2,200	215	16	90.5
Austria	1,783	1,313	812	98	76.9
United States	1,684	993	2,797	894	21.1
Russia	1,407	670	558	172	48.0
Germany	293	101	143	43	35.8
Ireland	241	47	183	41	17.3
England	18	20	90	28	14.5
Others	441	169	190	82	38.2
Totals	11,141	5,582	4,488	1,374	48.7

NOTE.—The figures are approximate.

INFANT MORTALITY RATE

Newark, 1910-1916

Year	Deaths Under One Year	Infant Mortality Rate
1910	1,232	123
1911	1,062	113
1912	1,103	103
1913	999	93
1914	1,122	98
1915	935	85.3
1916	1,026	89.6

INFANT MORTALITY, BY ATTENDANT AT BIRTH.

ATTENDANT	Births	Number of Deaths		Infant Mortality Rate	
		Under One Year	Under One Month	Under One Year	Under One Month
Midwife	5,582	459	145	82.2	25.9
Physician	4,488	317	177	70.6	39.4
Hospital	1,374	145	88	105.1	64.1
Totals.	11,446	1,026	436	89.6	38.0

NOTE Two births had no attendant

INFANT MORTALITY RATES BY NATIVITY OF MOTHER.

NATIVITY OF MOTHER	Rate	NATIVITY OF MOTHER	Rate
United States	90.5	Austria	57.7
White	88.2	Germany	129.1
Colored	121.1	England	65.7
Italy	94.1	Ireland	81.8
Russia	67.5		

DEATHS OF INFANTS DURING FIRST MONTH OF SUPERVISED PRENATAL CASES, 1916

Living infants	426
Deaths during first month	3
Rate per 1,000 living births	7.0
City rate per 1,000 living births	38.0

STILL BIRTHS OF SUPERVISED PRENATAL CASES 1916

Number of mothers delivered	431
Still births	5
Rate per 1,000 living births	11.6
City rate per 1,000 living births	41.7

The figures for New York City for 1916 are as follows, viz.:

Rate of deaths during first month per 1,000 living births	13.7
City rate of deaths during first month per 1,000 living births	36.7
Rate of still births per 1,000 living births	57.2
City rate of still births per 1,000 living births	43.4

FEEDING OF BABIES DURING FIRST MONTH OF SUPERVISED PRENATAL CASES, 1916

	Per Cent
Infants living at the end of first month	42.3 100
Infants entirely breast fed at end of first month	41.9 99
Infants partially breast fed at end of first month	2 0.5
Infants entirely artificially fed at end of first month	2 0.5

MIDWIFERY.

The standards of midwifery practice are steadily improving, and our experience justifies our efforts to improve this practice by supervision, education and co-operation. The continued supervision and education of midwives is considered an important phase of our prenatal work, as the influence of the midwife in certain neighborhoods extends beyond the period of the confinement and is very helpful to our efforts to change mothers' practices that are based upon tradition, racial custom and personal habit.

The following figures have been analyzed to show the status of the midwives in reference to ophthalmia, report of births, deaths of infants under one year of age and sepsis.

OPTHALMIA. In 1916 18 cases were reported and careful investigation revealed the fact that only in five instances had a midwife been in attendance.

LATE BIRTH REPORTS. Of 750 late birth reports, 180, or 24%, were sent in by midwives.

UNREPORTED BIRTHS. Of the 181 discovered unreported births 13, or 13%, were attended by midwives.

DEATHS OF INFANTS UNDER ONE MONTH. The record for the deaths of infants under one month was as follows viz.:

While the infant mortality rate for all infants under one month of age in the city was 380 per 1,000 births, the rate for those delivered by midwives was 25%, by physicians 39.4 and in hospitals 64.1.

The above record is most commendable especially since the midwives attend more cases than private physicians and must work in the poorest, dirtiest and most ignorant families.

PRENATAL CARE.

As many expectant mothers as our nurses can supervise in addition to their other work in the district received advice and instruction in personal hygiene, preparation for the confinement, proper obstetrical care, and the importance of maternal nursing.

This work has prevented deaths of mothers and infants, increased the number of living and healthy births, and the number of breast fed. It is an important link in the chain of maternal and infant health. There is special need of prenatal clinics in several sections of the city to enable women, whose history or condition show the need of medical examination, to be examined by physicians, even though these women will be delivered by midwives.

Some cities assign special nurses to prenatal work alone, but we have felt that the best results are obtained by having the same nurse continue her instructions and care through pregnancy, early infancy and up to the pre school period, when the child passes to the Medical Inspection Department of the Board of Education or Board of Health.

Total number of mothers supervised	712
Number of mothers delivered	431
By midwives	363
By physicians	47
In hospitals	21
Number of mothers who died	1
Living children at the end of one month	423
Still births	5
Deaths of babies during first month	3

Feeding—

Breast fed entirely at the end of the first month	419
Partially breast fed at the end of the first month	2
Entirely artificially fed at the end of the first month	2

OPHTHALMIA NEONATORUM IN 1916.

Eighteen cases of ophthalmia neonatorum were reported during 1916.

Thirty-three in 1915 and thirty in 1914.

Of the eighteen cases reported, eight had been attended by physicians, three in hospital and only five by midwives, although the midwives attended 20% more births than the doctors and four times as many as the hospitals. In two cases we were unable to ascertain who the attendant had been.

Four of the eighteen cases were discovered through the nurses of the Division of Child Hygiene, who are instructed to send to the City Laboratory smears from all new born babies showing purulent discharges. These cases naturally were among the babies delivered by midwives or hospitals, as these are the only babies supervised by the Division.

Eleven of the eighteen cases lived in the four wards supervised by this Division.

The four cases discovered through the nurses of this Division were found among 2,073 supervised babies.

In all cases it was stated that silver nitrate had been used.

The ages of the babies at the time of report varied from 2 days to 3½ years.

Nine cases were reported between the second and third week of age.

RESULTS

Cured	16
Died	1
Family moved away	1

Of the sixteen cases all were cured in less than two months after the initial report.

TREATMENT.

In hospital	6
Entirely at home	10
At home and dispensary	1
Unknown	1

The results were the same, even as to length of time required for cure in all three methods of treatment. Our experience indicates that follow up work is essential to good results, irrespective of place of treatment.

The extended use of silver nitrate solution at birth, the prompt consultation of physicians by midwives whenever the babies have "sore eyes" after birth, the prompt reporting of ophthalmia and the close "follow-up" of all treatment until the final cure is effected has reduced the number of cases of ophthalmia neonatorum by 40% in 1916 over 1914, and obtained a perfect result in all instances.

FOUNDLINGS, BOARDING HOMES AND ILLEGITIMACY.

Every effort is made to prevent the separation of a nursing infant from its mother, and with the assistance of many apartments and organizations we have succeeded in finding some other way to solve the problem of an unmarried mother, a deserted wife, a neglected or impoverished family than by placing a young infant in an institution or a bearing home.

When it is found impossible or imprudent to keep the baby with its mother or relatives, then it is placed in a supervised licensed boarding home, of which a list is kept in this office. The control of the receiving and placing of infants is enabling us to reduce the number of foundlings to save the city the expense of maintaining institutions for them, and above all to preserve for these handicapped babies their birthright of mother-nurture and mother care.

BOARDING HOMES FOR INFANTS

Licenses granted during 1916	46
Number of infants boarded out	43
Number of infants in boarding homes Dec. 31, 1916	40
Infants taken home by parents	17
Infants taken home by relatives	2
Adopted	3
Babies sick during 1916	0
Deaths	4
Requests for boarding homes for babies	55
Placed in licensed boarding homes	27
Other solution suggested	28

ANNUAL REPORT
OF THE
METEOROLOGIST

ANNUAL REPORT
OF THE
METEOROLOGIST

Dr. Charles V. Craster, Health Officer:

DEAR SIR— I take pleasure in submitting herewith the Meteorological Report for the year 1916.

The first six days of January were accompanied by a moderate temperature. On 11 days of the month rain or snow fell, but the aggregate amount of moisture was 14", of rain and 13" of snow, and was far below the normal for this month. There was a cold wave from the 14th until the 26th. The minimum temperature for the month was recorded on the 16th, 6° F. Fog prevailed every day but one from the 21st to the 31st. Ten days of the month were clear, 7 partly cloudy and the maximum temperature, 68°, occurred on the 27th of the month.

The month of February had only 8 clear days, 3 partly cloudy and 18 cloudy days. The total snowfall during this month amounted to 13.6" and fell on six days between the 9th and 20th. A lunar halo was noticed on Lincoln's Birthday, February 12th, another on February 17th. Washington's Birthday was clear and agreeable. The highest temperature of the month, 66°, occurred on February 1st, the lowest, 1° F., on February 14th.

Snow storms were prevalent during March upon 13 days of the month. The month showed a record of 27.8" of snow with only .07" of rain. The highest temperature was 67°, on March 3rd, and the lowest 4°, on March 18th.

The maximum temperature for April was 71° , on April 30th and the minimum 37° , on April 9th. There were 13 days during which snow or rain fell, of which there were $7.33"$ of snow and $27"$ of rain. Lunar halos were noticed on April 15th and 16th. Good Friday, April 20th, was a milo, and cloudy day. Easter Sunday, April 23rd, was a dark, dreary, unpleasant day.

The maximum temperature for May was 81° , which was noted on three days, May 28th, 29th and 30th. The Minimum temperature, 43° , was recorded on May 19th. The month was marked by 14 clear days, 8 partly cloudy and 9 cloudy days. On the 11th the highest wind velocity of the month was recorded, 48 miles per hour. $42"$ of rain fell during the month.

The month of June was unusually cold, rainy and lacking in sunshine. The average temperature to June 17th was 27 colder than normal. Twelve days were noted as having rain, 12 were clear and 6 partly clear. The highest temperature on June 28th, was 84 . The lowest, on June 10th, was 50° . There was $4.22"$ of rain.

The maximum temperature in the month of July was 95° on July 31st, the lowest temperature, 59° , was recorded on two days, the 6th and 29th. On 20 days of this month temperatures were above 81° , and on 5 of these 92° and above. The total rainfall was $3.76"$.

The highest temperature recorded for August was 96° , on the 21st, the lowest was 58° , on August 29th. Rainfall for the month was slight $27"$, and was far below normal. There were 17 clear days during this month, 6 partly cloudy and 8 days cloudy. Thunder storms on the 8th, 23rd and 27th.

The total rainfall for September amounted to $3.26"$, which fell on 8 days of the month. The maximum temperature was 92° , on September 8th, the minimum 42° , on

September 30th, and the first frost in the fall was recorded on September 17th.

October was distinguished by exceptionally fine weather. Only four of its days were rainy, the rainfall of which amounted to 1 14", which was far below the normal. There was fog on 3 days. The highest temperature was recorded on October 9th, 86°, and the lowest on October 15th, 37°.

In November the rainfall was again far below normal, only 01" having fallen. There were 17 clear days and 13 cloudy days. The highest temperature of November was on the 9th, 70°, the lowest temperature on the 25th and 26th, 25°.

December had 16 clear days to its credit, 2 partly cloudy days and 13 cloudy days. The total rainfall and snowfall registered was 5 12". Christmas Day was a cold, dreary day. The highest temperature for the month was 63°, on December 5th, and the lowest on December 20th, 15°.

CHARACTER OF THE DAYS OF 1916.

MONTH	Clear	Partly Cloudy	Cloudy	Days in which precipita- tion occurred
January	10	7	14	11
February	8	3	18	13
March	7	9	15	14
April	8	8	14	13
May	14	8	9	15
June	12	6	12	12
July	7	6	18	12
August	17	6	8	4
September	17	7	6	7
October	20	1	10	3
November	17		13	6
December	16	2	13	13
Totals	153	63	150	66

MISCELLANEOUS INCIDENTS OF YEAR 1916

MONTH	BAROMETER			Average Direction of Wind	Humid- ity Average	Per Cent. of Sunshine
	Highest	Lowest	Mean			
January	30.53	29.70	30.12	West	66	49
February	30.47	29.19	29.83	West	69	34
March	30.20	29.30	29.75	North	68	44
April	30.29	29.44	29.82	West	67	44
May	30.23	29.49	29.86	Northwest	68	56
June	30.06	29.70	29.88	Southeast	72	49
July	30.25	29.65	29.95	South	71	38
August	30.19	29.67	29.93	West	58	66
September	30.37	29.73	30.05	West	57	69
October	30.41	29.69	30.02	North	58	70
November	30.40	29.35	29.88	West	59	59
December	30.43	29.18	29.81	West	62	52

NOTE Annual mean barometer, 29.91 Prevailing direction of the wind, west Highest barometer recorded for 1916, Jan. 21, 30.53 Lowest barometer recorded for 1916, Dec. 22, 29.18

EXCEEDINGLY HOT OR COLD DAYS.

Average number when temperature fell to 32° or below. Average number when temperature rose to 90° or above.

MONTH	1892		MONTH	1892	
	to 1916	1916		to 1916	1916
January	24	21	May .....	.....	1
February	23	27	June .....	.....	3
March	16	24	July .....	.....	6
April	3	2	August .....	.....	3
October	1	.....	September .....	.....	1
November	9	10	October .....	.....	1
December	20	22			
Totals	96	106	Totals	15	12

PRECIPITATION (IN INCHES).

MONTH	Rain and Melted Snow			Total Snow Unmelted	
	Period 1843-92	Period 1892-16	Year 1916	Period 1892-16	Year 1916
January	3.65		1.14	9.49	1.37
February	3.60		4.13	3.77	13.60
March	3.81		2.38	6.46	22.80
April	3.58		3.40	6.96	7.00
May	3.97		4.02		
June	3.57		4.22		
July	4.28		3.76		"
August	5.07		27		"
September	3.75		3.66		
October	3.58		1.14	2.30	"
November	3.63		1.81	2.30	
December	3.63		5.12	6.09	18.00
Totals	46.07		35.05	37.37	62.70

NOTE—One inch of melted snow averages one-tenth of an inch of rain.

TEMPERATURE IN FAHRENHEIT DEGREES

MONTH	Mean Tempera-ture (monthly)			Maximum Recorded		Minimum Recorded	
	1843	1892		1892	to 1916	1892	
	to 1892	to 1916	1916	1892	1916	to 1916	1916
January	39	29.8	33.8	66	68	10	6
February	31	27.1	26.6	67	53	9	1
March	38	39.1	33.6	83	67	5	4
April	49	51.6	47.7	94	71	22	30
May	59	61.2	61.0	97	81	24	43
June	69	64.2	68.2	99	84	45	50
July	74	74.1	74.1	102	95	49	59
August	72	72.8	72.5	98	96	50	55
September	65	66.1	65.8	98	92	34	41
October	53	54.5	56.5	89	86	27	37
November	43	43.5	43.9	76	70	15	25
December	33	34.1	33.1	65	63	2	15

NOTE. Highest temperature of the year 96° August 21
 Lowest temperature of the year, 1°, February 11 Annual mean,
 1843-1892, 53°, 1892-1916, 51.5°; 1916, 51.2°.

Respectfully submitted,

WILLIAM WIENER,

Meteorologist.

**Special Tables of Vital Statistics
FOR 1916**

GENERAL TABLE NO. 1.

Deaths from all causes, not including nonresident or unknown deaths, by wards, age and sex, including deaths in City Hospital and the Sanatoriums at Solo and Verona, New Jersey.

AGES	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th	16th	17th	18th
	Ward	Ward	Ward	Ward	Ward	Ward	Ward	Ward	Ward	Ward	Ward	Ward	Ward	Ward	Ward	Ward	Ward	Ward
Under 1 year—																		
Males	68	14	51	19	10	23	1	6	1	15	1	4	8	0	18	7	183	
Females	35	19	40	9	10	6	1	4	1	10	1	2	9	0	4	13	13	
Between 1 and 4—																		
Males	52	13	40	18	4	1	2	—	—	—	—	—	4	1	0	11	4	
Females	41	8	49	8	—	—	—	—	—	—	—	—	8	8	—	6	6	
Between 5 and 9—																		
Males	2	4	7	1	—	—	—	—	—	—	—	—	4	—	—	—	—	—
Females	6	1	10	2	—	—	—	—	—	—	—	—	5	1	—	8	—	—
Between 10 and 14—																		
Males	6	3	2	—	—	—	—	—	—	5	—	2	8	—	—	—	4	—
Females	3	6	5	—	—	—	—	—	—	5	—	2	8	—	—	—	11	—
Between 15 and 19—																		
Males	2	5	7	3	1	5	1	2	1	1	1	1	1	8	1	—	8	
Females	14	4	7	1	5	4	2	1	1	1	1	3	8	1	1	4	7	
Between 20 and 24—																		
Males	8	7	10	4	1	4	2	—	—	4	1	1	7	1	1	—	8	
Females	7	6	5	7	—	—	—	—	—	4	1	1	3	1	1	—	11	
Between 25 and 29—																		
Males	10	14	8	10	6	6	—	—	—	—	—	—	1	1	—	4	8	
Females	5	5	8	4	1	1	—	—	—	—	—	—	1	1	1	4	8	

GENERAL TABLE NO. 1—Continued.

Deaths from all causes, not including non-resident or unknown deaths, by wards, age and sex, including deaths in City Hospital and the Sanatoriums at Soho and Verona, New Jersey.

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BUREAU OF HEALTH,

AGES	WARD																Total
	1st Ward	2nd Ward	3rd Ward	4th Ward	5th Ward	6th Ward	7th Ward	8th Ward	9th Ward	10th Ward	11th Ward	12th Ward	13th Ward	14th Ward	15th Ward	16th Ward	
Between 30 and 34																	
Males	11	8	13	8	11	11	9	13	11	11	4	10	12	7	4	5	147
Females	14	11	6	7	6	6	3	3	4	4	8	14	2	7	6	6	104
Between 35 and 39																	
Males	10	18	11	15	10	11	10	11	8	9	3	17	10	17	5	6	171
Females	9	7	9	8	4	5	5	8	2	3	1	11	17	12	9	7	118
Between 40 and 44																	
Males	11	21	19	21	16	9	8	9	10	7	6	19	19	23	12	13	222
Females	11	7	4	4	6	6	6	6	6	6	3	12	1	4	4	5	115
Between 45 and 49																	
Males	14	17	19	32	17	9	11	6	14	5	5	12	9	16	8	14	208
Females	6	8	13	6	9	8	7	7	7	4	9	15	12	8	14	6	139
Between 50 and 54																	
Males	12	2	+	3	1	0	11	8	10	7	15	9	16	11	14	12	147
Females	6	4	10	2	4	8	7	9	8	6	12	5	11	9	12	12	125
Between 55 and 59																	
Males	19	25	17	17	5	12	12	16	10	12	9	15	19	14	7	17	219
Females	1	1	1	7	1	13	7	16	8	8	11	8	16	8	1	1	167
Between 60 and 64																	
Males	16	18	11	3	7	7	8	1	19	13	9	9	6	17	9	12	190
Females	13	14	9	6	9	5	10	14	13	4	9	6	11	18	10	18	159

GENERAL TABLE NO. 1 Continued.

Deaths from all causes, not including non-resident or unknown deaths, by wards, age and sex, including deaths in City Hospital and the Sanatoriums at Soho and Verona, New Jersey.

Age	Wards																Total
	1st Ward	2nd Ward	3rd Ward	4th Ward	5th Ward	6th Ward	7th Ward	8th Ward	9th Ward	10th Ward	11th Ward	12th Ward	13th Ward	14th Ward	15th Ward	16th Ward	
*																	
Between 65 and 69—																	
Males	12	9	10	14	7	9	8	13	7	7	11	12	17	12	8	20	175
Females	1	3	14	8	1	9	10	16	14	15	15	8	13	9	2	11	181
*																	
Between 70 and 74—																	
Males	4	6	6	4	6	6	5	11	9	5	11	6	8	9	2	8	106
Females	9	10	10	9	6	12	5	21	17	6	19	3	15	10	11	17	164
*																	
Between 75 and 79—																	
Males	2	1	11	3	3	6	8	6	11	16	3	12	4	11	13	4	95
Females	8	1	1	9	6	8	6	11	20	6	12	3	16	6	5	18	138
*																	
Between 80 and 84—																	
Males	3	2	3	4	6	1	1	4	9	2	5	6	4	3	2	7	60
Females	6	1	6	6	6	2	2	3	12	12	12	2	4	8	1	35	85
*																	
Between 85 and 89—																	
Males	3	2	3	2	1	1	1	9	2	2	2	1	2	2	2	4	24
Females	4	3	3	1	1	3	1	10	3	1	7	3	2	4	3	35	45
*																	
Ninety and over—																	
Males	1	—	—	—	—	—	—	1	2	1	2	1	—	—	—	—	7
Females	2	—	—	—	—	—	—	1	1	1	1	1	—	—	—	—	21
*																	
Total	144	100	49	182	104	282	291	98	108	107	976	381	408	349	282	362	3991
Males	16	18	19	16	17	17	18	19	18	19	221	154	165	153	140	3298	
Females	18	17	15	87	109	115	93	172	160	146	100	114	211	129	112	2601	

BOARD OF HEALTH.

**Total Deaths and Death Rates per Thousand and Deaths and
Death Rates from Pulmonary and Other Forms
of Tuberculosis Since 1900.**

YEAR	Total Deaths	Total Death Rate per M.	Total Deaths Pulmonary Tubere.	Death Rate Pulmonary Tuberc.	Total Deaths All Forms Tubere.	Death Rate All Forms Tubere, per M
1900	5,066	20.34	603	2.45	676	2.74
1901	4,866	19.22	581	2.32	630	2.52
1902	4,911	19.38	556	2.18	660	2.59
1903	4,923	18.50	626	2.35	718	2.70
1904	5,078	19.77	651	2.39	775	2.84
1905	5,022	17.74	647	2.28	781	2.75
1906	5,551	19.11	685	2.37	851	2.93
1907	5,724	19.88	785	2.88	797	2.65
1908	5,201	17.11	628	2.09	745	2.60
1909	5,521	17.11	596	1.92	701	2.45
1910	5,784	16.91	681	1.99	812	2.40
1911	5,133	17.16	584	1.66	614	2.01
1912	5,192	17.01	506	1.77	596	1.61
1913	5,592	14.63	631	1.66	733	1.93
1914	5,809	14.70	583	1.47	676	1.71
1915	5,582	14.03	687	1.83	808	2.12
1916	6,157	16.50	687	1.77	783	2.53

Deaths from All Forms of Tuberculosis Arranged by Months, for the Year 1916.

MONTH	PULMONARY			OTHER FORMS			Grand Totals
	Male	Female	Total	Male	Female	Total	
January	44	19	63	3	3	6	69
February	49	24	73	4	3	7	80
March	54	26	80	7	5	12	92
April	45	27	72	7	7	14	86
May	40	17	57	7	7	14	71
June	31	17	48	5	3	8	56
July	41	16	57	4	2	6	63
August	32	17	49	1	3	4	53
September	27	14	41	3	4	7	48
October	30	12	42	3	3	6	48
November	36	13	49	3	5	8	57
December	36	18	54	5	1	6	60
Totals	465	220	685	52	46	98	783

MORTALITY FROM PRINCIPAL CAUSES OF DEATH, BY SEX AGE AND COLOR
FIRST WARD.

BOARD OF HEALTH.

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MORTALITY FROM PRINCIPAL CAUSES OF DEATH BY SEX, AGE AND COLOR
SECOND WARD

MORTALITY FROM PRINCIPAL CAUSES OF DEATH, BY SEX, AGE AND COLOR
THIRD WARD.

CAUSES	Colored	White	Total	Males	Fe males	Un der 1 Year	Un der 2 Years	Un der 5 Years	Un der 14	5 to 14	15 to 24	25 to 44	45 to 64	65 and Over	
Total, all causes	*67	424	491	259	232	91	48	10	29	7	28	58	11	66	
Infantile Paralysis	3	47	50	23	27	6	20	17	43	6	1				
Typhoid Fever	1	1	2	1	1							1			
Malaria															
Syphilis															
Meningitis															
Scarlet Fever															
Whooping Cough															
Diphtheria															
Influenza															
+ Meningitis, Cerebro-Spinal															
Other Epidemic Diseases															
Tuberculosis of Lungs (Consumption)	43	53	96	14	—	—	3	3	3	17	32	11	23		
Tuberculous Meningitis	1	8	—	3	6	—	3	—	6	—	—	—	—		
Other Cancers	4	4	—	2	—	—	—	1	1	—	3	2	5		
Cancer, Malignant Tumor	2	2	—	14	—	—	—	—	—	—	—	—	17		
Supp. Malignant	2	2	4	1	3	1	—	—	1	—	1	—	—		
Malignant Seizing of the Brain	+1	15	16	10	10	—	—	—	—	—	—	1	9	10	
Organic Heart Diseases	2	17	34	18	21	1	—	—	1	1	1	11	13	12	
Bronchitis	7	7	3	3	3	3	—	—	3	—	—	—	—	—	
Pneumonia, Lobar	9	13	45	17	15	—	4	—	11	1	3	—	13	14	
Pneumonia, Bronchogenic	4	15	16	7	7	—	5	5	—	14	—	—	—	2	
Other Respiratory Diseases	2	11	20	8	12	3	1	1	—	1	—	—	—	2	
Diseases of the Stomach (Cancer excepted)	4	4	—	9	1	—	—	—	—	—	—	—	—	—	
Diarrhoeal Diseases (under 5 years)	2	2	4	2	2	—	15	6	—	—	—	—	—	—	
Appendicitis and Typhus	1	2	—	6	—	1	—	—	—	—	—	—	—	—	
Herrnia, Intestinal Obstruction				2	1	1	—	—	—	—	—	—	—	—	
Cirrhosis of Liver				1	1	—	—	—	—	—	—	—	—	—	
Hepatitis and Nephritis	1	22	41	18	23	3	—	—	1	4	2	8	6	8	
Diseases of Women (not Cancer)	3	3	—	—	—	—	—	—	—	—	—	1	—	—	
Puerperal Septicemia	1	1	—	—	—	—	—	—	—	—	—	2	—	—	
Other Puerperal Diseases															
Congenital Deficiency and Malformation	8	9	38	14	14	—	—	—	—	—	—	—	—	—	
Old Age	7	7	—	—	—	—	—	—	—	—	—	—	—	—	
Accidents															
Scalds	1	1	—	—	—	—	—	—	—	—	—	2	2	1	
All defined Causes															
All Other Causes	4	25	52	13	19	3	4	1	10	2	7	9	4		

* Two yellow.

† One yellow.

MORTALITY FROM PRINCIPAL CAUSES OF DEATH, BY SEX, AGE AND COLOR
FOURTH WARD

CAUSES	Colored	White	Total Deaths	Males	Females	Un- der 1	Un- der 2	Un- der 5	Un- der 14	5 to 24	15 to 44	25 to 44	45 to 64	65 and Over	
						Year	Year	Years	14	24	44	64	14	24	64
Total, all causes	*24	252	286	189	97	28	8	9	45	4	15	75	104	43	
Pneumonia	1	4	0	0	0	-	-	-	-	-	-	-	-	-	-
Fever	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Malaria	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Syphilis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Measles	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Whooping Cough	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Tuberculosis	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-
Epidemic Meningitis (Cerebro Spinal)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Nervous Diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Infantile Paralysis	16	49	55	45	10	-	-	-	-	-	9	28	21	9	
Other Meningitis	-	1	1	1	-	-	-	-	-	-	-	-	-	-	-
Cerebral Hemorrhage	2	1	3	1	2	-	-	-	-	-	-	-	1	1	-
Cerebral Malaria	-	11	11	5	-	-	-	-	-	-	-	-	-	-	-
Spinae Meningitis	-	3	3	3	-	-	-	-	-	-	-	-	1	1	-
Apoplectic Softening of the Brain	-	15	15	9	6	-	-	-	-	-	-	-	1	10	-
Organic Heart Disease	-	25	25	17	8	1	-	-	-	-	1	1	1	5	10
Bronchitis	-	3	3	1	2	-	-	-	-	-	-	-	-	-	-
Pneumonia, Lobar	-	15	25	30	22	5	2	1	-	-	1	1	12	12	2
Pneumonia, Broncho	-	1	5	6	3	2	-	-	-	-	-	-	-	-	-
Other Respiratory Diseases	-	4	4	2	2	-	-	-	-	-	-	-	1	2	1
Pneumonia, Atypical, Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Diarrhoea, Diseases (under 5 years)	-	6	4	-	-	-	-	-	-	-	-	-	-	-	-
Appendicitis and Typhlitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hernia, Intestinal Obstruction	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cirrhosis of Liver	-	-	4	-	1	-	-	-	-	-	-	-	-	-	-
Bright's Disease and Nephritis	-	9	9	7	2	-	-	-	-	-	-	-	-	-	-
Diseases of Women (not Cancer)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Postpartal Septicemia	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Postpartal Diseases	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
Congenital Defects and Malformation	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Old Age	-	4	4	1	-	-	-	-	-	-	-	-	-	-	-
Accident	-	1	1	1	-	-	-	-	-	-	-	-	-	-	-
Injuries	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Suicide	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Homicide	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All Other Causes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

* Four yellow
† One yellow

MORTALITY FROM PRINCIPAL CAUSES OF DEATH BY SEX, AGE AND COLOR
FIFTH WARD

CAUSES	Colored	White	Total Deaths	Males	Under 1 Year		Under 5 Years		5 to 14 Years		15 to 44 Years		45 to 64 Years		65 and Over	
					der 1	der 2	Un der 5	der 5 Years	to 14	15 to 44	45 to 64	65 and Over				
Total all causes	4	40	144	225	179	106	34	37	177	6	6	6	6	6	6	6
Infective Paroxysms	1	3	31	21	10	5	10	14	29	1	1	1	1	1	1	1
Type of Fever																
Malaria																
Syphilis	4	4	2	2	1	1	0	1	6							
Mosquitos																
Scarlet Fever																
Whooping Cough																
Pneumonia	2	3	1	2	1	1	1	1	1	1	1	1	1	1	1	1
Influenza	7	7	3	3	4	1	1	1	1	1	1	1	1	1	1	1
Infective Meningitis (Encephalitis)	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Other Infective Diseases																
Inflammation of Lungs (Consumption)	4	46	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Tuberculosis, Malignant	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Other Infective Diseases																
Congestive Heart Failure	1	15	5	10	1	1	1	1	5	1	1	1	1	1	1	1
Suppurative Meningitis		6	4	2	1	1	1	1	1	1	1	1	1	1	1	1
Apopneus, Softening of the Brain		11	3	8	1	1	1	1	1	1	1	1	1	1	1	1
Other Infective Diseases																
Bronchitis			9	8	1	1	1	1	1	1	1	1	1	1	1	1
Pneumonia, Lobar	1	24	14	10	9	5	3	1	1	1	1	1	1	1	1	1
Pneumonia, Bronchial		14	9	4	1	1	1	1	1	1	1	1	1	1	1	1
Other Respiratory Diseases	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Diseases of the Skin (not Cancerous)																
Dermatological Diseases (under 5 years)	46	4	2	2	1	1	1	1	1	1	1	1	1	1	1	1
Appendicitis and Ulcers	2	2	2	2	1	1	1	1	1	1	1	1	1	1	1	1
Hemorrhoids, Constipation	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Cirrhosis of Liver	2	2	2	2	1	1	1	1	1	1	1	1	1	1	1	1
Bright's Disease and Nephritis	1	41	42	22	20	9	7	1	1	1	1	1	1	1	1	1
Diseases of Women (not Cancer)		3	3	2	2	2	2	2	2	2	2	2	2	2	2	2
Puerperal Septicemia	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Other Puerperal Diseases	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
Childbirth, Injury and Malformation	33	33	16	17	1	1	1	1	1	1	1	1	1	1	1	1
Old Age	8	8	4	4	3	3	2	2	3	7	7	7	7	7	7	7
Amberland	25	25	22	20	18	1	1	1	1	1	1	1	1	1	1	1
Fractures																
Scalds	2	2	2	2	1	1	1	1	1	1	1	1	1	1	1	1
Indirect Causes																
All Other Causes	11	71	10	1	1	1	1	1	3	1	1	1	1	1	1	1

BOARD OF HEALTH

VITALITY FROM PRINCIPAL CAUSES OF DEATH, BY SEX, AGE AND COLOR
SIXTH WARD.

MORTALITY FROM PRINCIPAL CAUSES OF DEATH, BY SEX, AGE AND COLOR
SEVENTH WARD.

CAUSES	Colored	White	Total Deaths	Males	Fe-	1 and 2 and		Un- der 5	Un- der 2	Un- der 5	Years	5 to 14	15 to 24	25 to 44	45 to 64	65 and Over	
						deaths	Year										
Total, all causes	42	246	1	8	123	81	22	19	102	14	9	53	72	41	—	—	
Infantile Paralysis	1	94	—	12	12	5	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Sore Throat	1	2	9	1	6	1	1	1	1	3	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	1	2	3	1	2	3	—	1	1	1	1	1	1	1	1	1	1
Diphtheria	—	3	3	2	1	—	—	1	1	1	—	—	—	—	—	—	—
Influenza	1	4	4	—	3	—	—	—	—	—	—	—	—	—	—	—	—
Acute Meningitis (Cerebro Spina.)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Epidemic Diseases	8	31	39	26	18	1	—	—	—	—	—	3	21	11	11	11	11
Tuberculous Enteritis	1	—	1	1	—	—	—	1	—	—	—	1	—	1	1	1	1
Tuberculous Meningitis	—	4	4	2	2	—	—	—	—	—	—	1	—	1	—	—	—
Other Tuberous	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cancer, Malignant Tumor	—	1	10	3	7	—	—	—	—	—	—	1	—	1	1	1	1
Simple Meningitis	—	1	1	1	—	—	—	—	—	—	—	1	—	1	1	1	1
Apoplexy Softening of the Brain	2	10	11	4	7	—	—	—	—	—	—	—	—	—	—	—	—
Organic Heart Diseases	4	20	30	17	13	—	—	—	—	—	—	—	—	—	—	—	—
Hernia	1	5	6	1	6	—	—	—	—	—	—	—	—	—	—	—	—
Intestinal Tract	3	11	10	1	5	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	5	6	11	5	4	—	—	—	—	—	—	—	—	—	—	—	—
Other Respiratory Diseases	—	6	6	4	9	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of the Stomach (Cancer excepted)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diarrhoea. Diseases (under 5 years)	2	10	11	—	—	—	—	—	—	—	—	—	12	—	—	—	—
Appendicitis and Typhlitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hernia, Intestinal Obstruction	4	4	4	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Gastritis of Liver	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bright's Disease and Nephritis	37	—	—	—	—	—	—	—	—	—	—	—	—	6	18	18	18
Diseases of Women (not Cancer)	1	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Puerperal Septicemia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ovarian Purpura, Hemorrhage	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Fetal Deformity and Malformation	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other	—	12	12	8	4	1	1	1	9	4	1	1	1	1	1	1	1
Unclassified Causes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
All Other Causes	—	—	18	1	8	—	—	—	—	—	—	—	—	—	—	—	—

BOARD OF HEALTH.

MORTALITY FROM PRINCIPAL CAUSES OF DEATH, BY SEX, AGE, AND COLOR
EIGHTH WARD

—
11

BOARD OF HEALTH.

CAUSES	White	Black	Males	Females	Un-	Longer than	5	15	25	45	65	85
					der 1 Year	Un- der 2 Years	Un- der 5 Years	5	15	25	45	85
Total, all causes	24	8	14	4	96	11	14	17	65	82	71	61
Influenza & Pneumonia	1	1	1	1	11	2	1	1	1	1	1	1
Tuberculosis	1	1	1	1	1	1	1	1	1	1	1	1
Measles	1	1	1	1	1	1	1	1	1	1	1	1
Smallpox	1	1	1	1	1	1	1	1	1	1	1	1
Measles	1	1	1	1	1	1	1	1	1	1	1	1
Scarlet Fever	1	1	1	1	1	1	1	1	1	1	1	1
Whooping Cough	1	1	1	1	1	1	1	1	1	1	1	1
Diphtheria	1	1	1	1	1	1	1	1	1	1	1	1
Influe.	1	1	1	1	1	1	1	1	1	1	1	1
Pandemic Meningitis (Cerebro Spinal)	1	1	1	1	1	1	1	1	1	1	1	1
Other Epidemic Diseases	1	1	1	1	1	1	1	1	1	1	1	1
Tuberculosis of Lungs Consumption	1	1	1	1	1	1	1	1	1	1	1	1
Tuberculous Meningitis	1	1	1	1	1	1	1	1	1	1	1	1
Other Fibrous Tissue	1	1	1	1	1	1	1	1	1	1	1	1
Cancer, Malignant Tumor	1	1	1	1	1	1	1	1	1	1	1	1
Simplic Meningitis	1	1	1	1	1	1	1	1	1	1	1	1
Populax, Softening of the Brain	1	1	1	1	1	1	1	1	1	1	1	1
Organic Heart Diseases	1	1	1	1	1	1	1	1	1	1	1	1
Inflammation	1	1	1	1	1	1	1	1	1	1	1	1
Pneumonia Lobar	1	1	1	1	1	1	1	1	1	1	1	1
Inflammation Lungs	1	1	1	1	1	1	1	1	1	1	1	1
Other Respiratory Diseases	1	1	1	1	1	1	1	1	1	1	1	1
Diseases of Liver and Gallbladder	1	1	1	1	1	1	1	1	1	1	1	1
Hepatitis, Jaundice, Cirrhosis	1	1	1	1	1	1	1	1	1	1	1	1
Appendicitis and Typhus	1	1	1	1	1	1	1	1	1	1	1	1
Hernia, Intestinal Obstruction	1	1	1	1	1	1	1	1	1	1	1	1
Curvature of Spine	1	1	1	1	1	1	1	1	1	1	1	1
Bright's Disease and Nephritis	1	1	1	1	1	1	1	1	1	1	1	1
Diseases of Women and Cancer	1	1	1	1	1	1	1	1	1	1	1	1
Peritoneal Septicemia	1	1	1	1	1	1	1	1	1	1	1	1
Other Peritoneal Diseases	1	1	1	1	1	1	1	1	1	1	1	1
Congenital Deformity and Malformation	1	1	1	1	1	1	1	1	1	1	1	1
Old Age	1	1	1	1	1	1	1	1	1	1	1	1
Asthma	1	1	1	1	1	1	1	1	1	1	1	1
Hemoptysis	1	1	1	1	1	1	1	1	1	1	1	1
Stroke	1	1	1	1	1	1	1	1	1	1	1	1
All undefined Causes	1	1	1	1	1	1	1	1	1	1	1	1
All Other Causes	24	8	14	4	96	11	14	17	65	82	71	61

MORTALITY FROM PRINCIPAL CAUSES OF DEATH, BY SEX, AGE AND COLOR
NINTH WARD.

CAUSES	Col. orel	White Buchs	Total Buchs	Males	Fe- males	U- ber		U- ber										
						1	2	3	4	5	6	7	8	9	10	11	12	13
Total, all causes	41	33 ^a	68	36	32													
Infantile Paralysis		21	28	14	7													
Typhoid Fever		3	1	1														
Malaria																		
Smallpox																		
Measles																		
Scarlet Fever																		
Whooping Cough																		
Diphtheria																		
Influenza		1	4	2	1													
Septic or Meningo-cerebral Spasms		2																
Other Epidemic Diseases																		
Tuberculosis of Lungs (Constitutional)		3	7	5	2													
Tuberculosis of Meninges																		
Other Diseases																		
Cancer, Malignant Tumor			21	22	10	12												
Simple Meningitis		1	3	2	2													
Apolysis Softening of the Brain		2	9	7	15	1												
Organic Heart Diseases		1	8	10	11	14	9	1	1									
Itches																		
Pneumoniae Labor		4	6	33	15	13	9	4										
Pneumonia Bronchitis			16	19	10													
Other Respiratory Diseases		11	14	7	3													
Diseases of the Stomach (Cancer excepted)		3	8	3	3													
Gastritis Diseases of Stomach		3	4	3	1	3												
Appendicitis and Peritonitis																		
Hernia, Intestinal Obstruction		1		1	1													
Ceriosis of Liver		1		1	1													
Bright's Disease and Nephritis		4	42	46	21	25												
Diseases of Women (not Cancer)					2	2												
Pneumonia Septicemia																		
Other Preterm Infants		1		1	1													
Congenital Deformities and Malformation		1	3	2	1	4	2	1										
Old Age		1	4	1	1													
Accident		2	14	13	1													
Homicide																		
Suicide		3	3	2	2													
All defined Causes																		
All Other Causes																		

BOARD OF HEALTH.

CAUSES OF DEATH, BY SEX, AGE AND COLOR
TENTH WARD.

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ELEVENTH WARD,

MORTALITY FROM PRINCIPAL CAUSES OF DEATH BY SEX, AGE AND COLOR
TWELFTH WARD.

MORTALITY FROM PRINCIPAL CAUSES OF DEATH, BY SEX, AGE AND COLOR
THIRTEENTH WARD.

CAUSES	Colored	White		Total Deaths		Males	Female	Un-	1 and	2 and	Un-	Un-	5	5	5	5	5	5		
		466	498	248	26			64	21	36	der 1	der 2	der 5	der 5	to 14	14	24	46	64	Over 64
Total, all causes																				
Infantile Paralysis		38	28	12	12	12	8	3	7	21	11	31	27	9	7	13	5			
Typhoid Fever				1	1		1													
Malaria																				
Smallpox																				
Measles		4	4	1	3				1	3	4									
Scarlet Fever																				
Whooping Cough																				
Diphtheritis		5	5	1	4			1	2	2	2	2								
Influenza		3	3	3	3			3	2	2	2	2								
Epidemic Meningitis (Cerebro Spinal)		3	3						2											
Other Epidemic Diseases																				
Tuberculosis of Lungs (Consumption)		57	57	34	23									14	30	7				
Tuberculous Meningitis		5	5	2	3			2												
Other Tuberculosis		24	24	1	1															
Cancer, Malignant Tumor		27	27	10	17															
Simple Menigitis																				
Apoplexy, Softening of the Brain		22	22	11	11															
Organic Heart Diseases		44	44	24	20															
Tromchitis		7	7	3	4															
Pneumonia, Lobar		35	36	23	13															
Pneumonia, Broncho		23	23	9	14															
Other Respiratory Diseases		13	13	7	6															
Diseases of the Stomach (Cancer excepted)		5	4	1	1															
Diarrhoeal Diseases (under 5 years)		13	13	6	7															
Urticaria and Typhilitis		6	6	4																
Hernia, Intestinal Obstruction		2	2																	
Cirrhosis of Liver		3	3	3																
Bright's Disease and Nephritis		46	46	28	18															
Diseases of Women (not Cancer)		4	4		4															
Postpartal Septicæmia																				
Other Puerperal Diseases																				
Congenital Deformity and Malformation		33	33	1	17															
Old Age		6	6	1																
Accident		19	19	17																
Homicide																				
Stole		8	8	3																
All Other Causes		26	24	7	12															

MORTALITY FROM PRINCIPAL CAUSES OF DEATH BY SEX, AGE AND COLOR.
FOURTEENTH WARD.

CAUSES	Colored	White	Total De'ths	Males	Fe- males	Un- der 1 Year	1 and Under 2	2 and Under 5	Un- der 5 Years	5 to 14	15 to 24	25 to 44	45 to 64	65 and Over
							Un- der 1 Year	Un- der 2 and Under 5	Un- der 5 Years	5 to 14	15 to 24	25 to 44	45 to 64	65 and Over
Total, all causes	9	517	526	295	231	121	28	39	198	18	..	97	106	12
Infantile Paralysis	1	43	44	23	21	13	8	20	41	1	..	..	..	..
Typhoid Fever	-	1	1	..	1	..	..	..	..	..	1	..	..	..
Malaria	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Meningitis	1	17	18	9	9	6	2	4	17	1	..	..	..	..
Sore Throat	-	1	1	1	..	..	..	..	1	..	..	..	..	..
Whooping Cough	4	4	8	1	..	4	..	..	4	..	..	2	11	15
Measles	1	1	1	..	..	..	..	..	..	1	..	..	..	..
Measles	1	1	1	..	..	..	..	..	..	1	..	..	..	..
Measles	4	4	1	3	..	..	..	..	..	1	1	1	1	1
Other Epidemic Diseases	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cholera	-	-	4	..	..	..	..	..	..	..	..	10	27	6
Thioglycosine Meningitis	3	3	1	2	1	..	..	..	..	..	..	..	..	..
Other Tuberculosis	1	1	..	1	..	..	..	..	..	..	..	..	..	1
Cancer, Malignant Tumor	30	30	13	17	..	..	..	..	..	..	..	1	6	17
Simple Meningitis	1	1	1	..	..	..	..	..	..	..	..	..	..	1
Poopyx, Softening of the Brain	25	28	16	12	..	..	..	..	..	..	..	..	..	11
Organic Heart Diseases	1	33	24	13	21	..	..	..	..	..	..	..	..	15
Pneumonia	2	9	11	5	6	6	..	..	1	7	2	1	1	2
Influenza	4	4	..	..	..	..	..	..	..	..	..	..	..	..
Other Respiratory Diseases	22	22	15	7	2	1	1	4	..	..	..	4	6	6
Diseases of the Stomach (Cancer excepted)	2	2	1	1	..	..	..	..	..	..	..	..	..	1
Diarrhoea, Enteritis, & Typhus	1	..	..	4	..	3	3	3	32	..	..	..	..	..
Enteritis	1	..	..	1	..	..	..	..	..	..	..	..	..	..
Locomotor Atrophy	1	1	..	5	1	..	..	..	2	..	..	..	..	1
Consumption	6	6	5	1	..	..	..	..	..	..	..	..	..	2
Organic Disease of Nervous System	45	49	24	25	1	..	..	..	..	..	..	..	..	12
Diseases of Women and Children	4	4	..	4	..	..	..	..	..	..	..	..	..	2
Jaundice, Spleen, etc.	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Other Special Diseases	1	1	..	..	..	..	..	..	..	..	..	..	..	..
Other Diseases Del. to and M. for at h.	41	41	29	12	41	..	..	..	..	..	..	..	..	..
Civil Age	3	3	3	3	1	..	..	..	..	..	..	..	..	..
Accidents	19	19	13	6	1	..	..	..	..	..	..	..	..	4
Homicides	2	2	1	2	..	..	..	..	..	..	..	..	..	2
Snuffing	6	5	5	..	..	..	..	..	..	..	..	..	..	1
Industries, Occupations	-	-	-	-	-	-	-	-	-	-	-	-	-	14
All other causes	37	37	20	17	4	2	2	9	1	1	..	..	..	..

MORTALITY FROM PRINCIPAL CAUSES OF DEATH, BY SEX, AGE AND COLOR
FIFTEENTH WARD

CAUSES	Total Deaths	White Deaths	Total Males Deaths	Fe- males Year	U nder 1		1 and 2 and 3 and 4 and 5 years		Un- der 5 years		5 to 14	15 to 24	25 to 44	45 to 64	65 and Over
					U nder 1	U nder 2	U nder 3	U nder 4	U nder 5	U nder 14	U nder 24	U nder 44	U nder 64	U nder 85	
Total all causes	97	258	246	156	129	43	21	12	76	15	16	46	86	46	—
Infantile Puerperal	—	15	15	12	3	1	4	6	11	3	1	1	1	1	—
Typhoid Fever	—	2	2	1	1										1
Malaria	—														1
Simp. pox	—														1
Measles	—														—
Scarlet Fever	—														—
Whooping Cough	—														—
Diphtheria	—														—
Influenza	—														—
Pneumonia (Cerebro Spinal)	—														3
Other Epidemic Diseases	—														—
Tuberculosis of Lungs (Consumption)	4	32	26	22	14					1	1	6	13	11	2
Tuberculosis Meningitis	—	3	3	2	1					1	1	2	3	2	—
Other Tuberculosis	—	9	9	1	1							2	2	1	—
Cancer, Malignant Tumor	—	1	1	1	1							1	11	4	—
Scarce Malignant	—														—
Virus & Inflammation of the Brain	3	14	17	6	9							1	17	5	—
Organic Heart Diseases	—	1	27	28	15	13						3	4	3	11
Conjunctivitis	—	1	8	1	5	4	4	1						3	1
Pneumonia, Lobar	—	3	19	18	9	18						6	4	7	5
Intestinal, Broncho	—	1	7	6	5	2	5	2	1	6			1	1	1
Other Respiratory Diseases	—													2	1
Diseases of the Stomach (other excepted)	—											1	1	1	—
Diarrhoeal Diseases (under 5 years)	7	10	9	5	5	6	5	1	10		1				—
Appendicitis and Typhlitis	—	1	1	2	1	1	1								—
Intestinal, Intestinal Obstruction	—											1	1		3
Cirrhosis of Liver	—	2	2	2	2	1	1						1	1	—
Bright's Disease and Nephritis	3	7	7	7	7	1						1	1	17	4
Diseases of Women (not Cancer)	—	2	2	4	4							1	1	1	1
Puerperal Septicemia	—	1	1	1	1							1			—
Other Puerperal Diseases	—														—
Congenital, Thrombocy and Malnutrition	21	21	11	8	9										—
Old Age	—	2	2	2	2										2
Accident	—	8	8	4	4										1
Home Life	—	1	1	1	1										1
Suicide	—	2	2	1	1										1
Undefined Causes	—														—
All Other Causes	—	3	12	15	6	1						1	3	7	3

FIFTEENTH WARD OF HONOLULU

1915

MORTALITY FROM PRINCIPAL CAUSES OF DEATH, BY SEX, AGE AND COLOR
SIXTEENTH WARD.

CAUSES	O. SEX	White	Total COLORS	Males	Fe- males	Un- der Year	1 and 2 and Under 5 years		Un- der 5 years	5 to 14	15 to 24	25 to 44	45 to 64	65 and over	Q. C.	BOARD OF HEALTH
							1	2								
Total, all causes	4	338	302	190	102	46										
Influenza Paralysis			4	14	10											
Typhoid Fever		8	8	8	8											
Malaria																
Syphilis																
Measles																
Scarlet Fever		1	1		1					1	1					
Whooping Cough																
Diphtheria		3	3	3	3					2	1					
Lung Diseases		3	3	1	2					2	1					
Epidemic Meningitis (Cerebro Spinal)		1	1		1					1						
Other Epidemic Diseases																
Tuberculosis of Lungs (Consumption)		14	14	9	9					1						
Tuberculous Meningitis				1	1					1						
Other Tidal Diseases																
Cancer, Malignant Tumor		1	26	27	10	17										
Simple Meningitis		1	2	4	4	2				2	1					
Abscess Softening of the Brain						14										
Organic Heart Disease			25	25	15	10	1									
Bronchitis			4	6	2	2										
Pneumonia, Lobar	I	33	34	12	22					3	1					
Pneumonia, Bronchial		14	14	6	8	2				6	1	1				
Other Respiratory Diseases		12	12	5	7					1	1					
Diseases of the Stomach (Cancer excepted)			6	4	2					1	1					
Diarrhoeal Diseases under 5 years			5	2	2	2				1						
Appendicitis and Typhlitis		6	8	3	5					1	1	2				
Hernia, Intestinal Obstruction		2	3	1	1					1	1	2				
Curvature of Liver		3	2	1	1											
Bright's Disease and Nephritis		41	41	17	16											
Diseases of Women (not Cancer)		1	1		1											
Puerperal Septicemia																
Other Puerperal Diseases		1	1		1											
Congenital Deformity and Malformation		26	26	15	11	95				6						
Old Age		8	8	2	6											
Accident		8	8	5	5											
Homicide																
Suicide		7	7	7	7											
All undefined Causes																
All Other Causes	I	49	83	18	15					9	1	8	9	11	8	

MORTALITY FROM PRINCIPAL CAUSES OF DEATH, BY SEX, AGE AND COLOR
NON RESIDENTS

CAUSES	Col-	White	Colo-	Males	Fe-	Un-	1 and	2 and	Un-	5	15	25	45	65	an-
	ored	White	Colo-	Black	males	males	der 1	der 2	der 5	Years	to 14	to 24	to 44	to 64	Over
Total, all causes	12	3 4	0.6	199	111	24	3	2	33	5	13	36	144	49	
Infantile Paralysis															
Typhoid Fever		8	9	1	1								2		
Malaria															
Syphilis															
Measles															
Scarlet Fever		1	1	1							1				
Whooping Cough															
Diphtheria															
Influenza		1	1		1										1
Hepatitis Melangitis (Cystic or Spinal)															
Other Enteric Diseases															
Tuberculosis of Lungs (Consumption)	92	93	1*	8							2	10	14	1	
Tuberculosis of Meningitis		5	2	1			1		1		1	1			
Other Tuberculosis		3	3	3								1			
Cancer, Malignant Tumor	1	24	5	11	14							4	16		
Simple Malignants		1	1	1								1			
Apoapexy, Softening of the Brain		1	10	6	16							1	5	9	10
Organic Heart Diseases		13	13	6								3	9	2	
Bronchitis		3	3	1	2							1	3		
Pneumonia, Lobar		21	93	37	60							4	6	11	
Pneumonia, Bronchial	2	5	7	4	9		5	2				1	2	9	11
Other Respiratory Diseases		5	7	5	2			1	1						
Lesions of the Stomach (Cancer excepted)		2	2	5	4								1	2	
Inflammatory Diseases under 1 year	1	1	1	1	1										
Appendicitis and Urtiphritis		12	12	7	5								4	5	
Hernia, Intestinal Obstruction		5	5	3	2									3	
Cirrhosis of Liver		4	4	2	2										
Fright's Disease and Nephritis	3	72	35	93	16									18	
Diseases of Women (not Cancer)		9	1	9	9								3	4	1
Puerperal Septicemia															
Other Puerperal Diseases															
Congenital, Idiopathic and Malformation		4	14	10	4	11									
On Age		4	4	2	2										4
Arachnoid		1	4	2	2										3
Hemorrhage		1	1	2	2										
Suicide		5	3	2	2								1	3	1
Il. defined Causes		1	1	1	1										
All Other Causes	23	25	16	29	1	1	1	3	7	1	9	16	2		

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MORTALITY FROM PRINCIPAL CAUSES OF DEATH BY SEX, AGE AND COLOR
UNKNOWN

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MORTALITY FROM PRINCIPAL CAUSES OF DEATH, BY SEX AND AGE
TOTALS FOR THE YEAR.

CAUSES	Total Deaths	Males	Females	1 and 2 and		Under 5 Years	5 to 14	15 to 24	25 to 44	45 to 64	65 and Over
				Year	der 1	Under	der 5				
Total all causes	6357	3527	2830	1026	300	405	1821	254	335	1197	1566
Infantile Paralysis	376	276	150	61	90	163	320	49	5	2	-
Typhoid Fever	93	16	7	-	-	1	1	2	8	10	1
Malaria	1	1	-	-	-	-	-	-	-	-	-
Syphilis	-	-	-	-	-	-	-	-	-	-	-
Meningitis	102	54	48	23	47	30	95	5	1	1	-
Sex of Infant	7	4	3	1	-	5	6	1	-	-	-
Whooping Cough	25	11	14	11	7	4	95	-	-	-	-
Tuberculosis	77	31	26	5	18	20	43	13	-	1	-
Influenza	45	17	28	8	1	3	7	1	2	5	7
Spontaneous Menstruation	22	19	10	6	2	3	8	0	2	3	2
Gall-bladder Disease	1	1	-	-	-	-	-	1	-	-	-
Consumption of Tobacco	645	465	243	-	1	6	-	17	119	34	177
Tuberculous Meningitis	61	33	18	14	1	11	40	10	2	4	4
Other Diseases	37	19	18	9	1	4	7	3	3	7	3
Other Malignant Tumor	856	172	203	-	-	-	-	4	39	102	103
Suppurative Meningitis	34	27	17	7	8	6	91	-	4	6	6
Abscesses of the Brain	243	133	100	-	-	-	-	-	1	21	15
Organs Heart Disease	405	240	26	10	3	4	26	52	28	5	14
Tonsil	137	57	80	5	11	4	70	4	1	2	18
Pneumonia, Lobar	407	30	197	4	41	12	96	10	23	18	77
Tonsil, Bronchitis	264	116	114	77	55	37	760	5	3	9	3
Diabetes Mellitus	180	7	83	1	1	6	19	2	2	60	59
Deaths under 5 years	61	41	23	9	4	6	17	1	4	14	14
Appendicitis and Typhritis	264	147	117	10	53	16	264	-	-	-	-
Hernia, Intestinal Obstruction	67	27	30	1	-	2	3	15	14	23	17
Cerebral or Liver	30	12	24	2	1	-	3	3	1	6	14
Leucorrhoea and Nephritis	19	9	10	1	-	-	-	-	12	90	10
Tumors of Womb (not Cancer)	704	289	315	6	-	6	12	9	17	14	31
Tumors, Spleen	67	-	-	-	-	-	-	-	12	25	7
Other Internal Diseases	12	-	-	-	-	-	-	-	3	9	-
General Debility and Malnutrition	14	-	-	-	-	-	-	4	10	-	-
Geckes	435	274	171	435	-	-	435	-	-	-	-
Anthrax	85	56	41	-	-	-	-	-	-	1	84
Hansen	303	223	71	12	8	32	73	48	98	93	82
Scarlet	18	8	6	-	-	-	-	2	2	3	-
Acute Cholera	53	47	9	-	-	-	-	7	23	19	4
All other Causes	47	16	9	23	10	6	17	30	113	153	46

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The death rate for the year was 16.5 per 1,000 of population as against 14.3 for the corresponding year. The present population of Newark is estimated for these calculations at 385,000.

MORTALITY FROM PRINCIPAL CAUSES OF DEATH BY SEX AND AGE
JANUARY, 1916.

CAUSES	Total Deaths	Males	Females	Under 1 Year		1 and 2 and Under 5 Years		5 to 14		15 to 24		25 to 44		45 and over	
				71	31	23	1	1	14	94	44	6+	45	6+	45
Total, all causes	29	12	17	1	1	1	1	1	1	108	205	1	1	1	1
Infantile Paralysis	—	—	3	—	—	—	—	—	—	1	2	—	—	—	—
Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	1	—	—	1	7	4	12	1	1	—	—	—	—	—	—
Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hepatitis, Meningitis, cerebral Disease	2	—	—	—	1	—	—	—	—	—	—	—	—	—	—
Other Infectious Diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Injuries and Accidents	—	—	—	—	1	1	—	—	—	—	—	—	—	—	—
Diseases of Nervous System	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cancer, Malignant, Non-skin	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Simple Meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Apothixy, Softening of the Brain	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Organic Heart Diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bronchitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia, Lobar	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pneumonia, Bronchitic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Respiratory Diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of the Stomach (Cancer excepted)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diarrhoea, Diseases (under 5 years)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Appendicitis and Typhilitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Hernia, Intestinal Obstruction	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cirrhosis of Liver	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bright's Disease and Nephritis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diseases of Women (not Cancer)	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
External Septic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other Preperative Diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
General Debility and Malnutrition	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Old Age	17	7	8	—	—	—	—	—	—	—	—	—	—	—	—
Accident	16	1	15	—	—	—	—	—	—	—	—	—	—	—	—
Homicide	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Suicide	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
All Infectious Causes	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
All Other Causes	29	12	17	1	1	1	1	1	1	1	1	1	1	1	1

The death rate for the month was 5.7 per 1,000 of population, as against 14.3 for the previous month. The present population of Newark is estimated for these calculations at 380,000.

MORTALITY FROM PRINCIPAL CAUSES OF DEATH, BY SEX AND AGE
FEBRUARY, 1916.

CAUSES	Total Deaths	Males	Fe- males	Un- der 1 Year										1 to 14		15 to 24		25 to 44	
				Un- der 2	Un- der 5	Un- der 10	Un- der 15	16	17	18	19	20	21	22	23	24	25	26	
Total, all causes	534	276	258	8	8	14	21	18	16	17	17	17	17	17	17	17	17	17	
Infantile Paralysis																			
Typhoid Fever																			
Malaria																			
Smallpox																			
Measles	10	6	9	2	5	2	0	1											
Scarlet Fever																			
Whooping Cough	3	1	2	0	1	1	2	1											
Diphtheria																			
Influenza	8	3	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	4
Epidemic Meningitis (Cerebro Spinal)	5	4	1																
Other Infectious Diseases																			
Tuberculosis of Lungs (Consumption)	73	49	24	—	—	1	1	1	2	10	42	16	1	1	1	1	1	1	1
Tuberculosis of M. Meningitis	4	3	1			1	1	2	2										
Other Infectious Disease	3	1	2			1	1	1	1										
Cancer, Malignant Tumor	36	12	24	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	23
Simple Meningitis	2	2																	
Apopexy, Softening of the Brain	27	15	12																
Organic Heart Diseases	45	19	26	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	15
Bronchitis	21	1	11	1	1	1	1	1	1	11	2	1	1	1	1	1	1	1	2
Pneumonia, Lobar	59	24	35	6	1	3	3	10	10	10	10	10	10	10	10	10	10	10	10
Pneumonia, Broncho	29	17	12	10	8	4	4	22	22	22	22	22	22	22	22	22	22	22	22
Other Respiratory Diseases	9	5	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Diseases of the Stomach (Cancer excepted)	8	4	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Diarrhoea, Diseases (under 5 years)	8	4	4	3	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Appendicitis, & Typhus	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Hernia, Intestinal Obstruction	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Cirrhosis of Liver																			
Bright's Disease and Nephritis	61	34	31																
Diseases of Women (not Cancer)	6		6																
Puerperal Septicemia																			
Other Extraperitoneal Diseases	2																		
Congenital Debility and Malformation	40	22	18	40															
Old Age	3	2	1																
Accident	12	10	9	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	3
Homicide																			
Suicide	6		1																
All Other Causes	40	18	22	1	3	1	4	6	9	7	17	5							

The death rate for the month was 16 per 1,000 of population, as against 21.7 for the previous month. The present population of Newark is estimated for these calculations at 380,000.

MORTALITY FROM PRINCIPAL CAUSES OF DEATH, BY SEX AND AGE
MARCH, 1916.

CAUSES	Total Deaths	Males	Females	Un- der 1 Year					1 and 2 and under 5 Years		Un- der 5 Years		5 to 14	16 to 24	25 to 44	45 to 64	65 and Over
				Un- der 1 Year	1 and 2 and under 5 Years	Un- der 5 Years	5 to 14	16 to 24	16 to 24	25 to 44	45 to 64	65 and Over					
Total, all causes	607	328	279	170	—	29	186	—	34	114	132	120					
Infantile Paralysis	—	—	—	2	1	1							2				
Tuberculosis	26	12	14	7	12	6	5	1									
Measles	2	1	1														
Smallpox	4	1	3														
Influenza	5	3	2	4	—	1	2	1									
Other Diseases of Infancy	9	1	1	—	—	1	1	1									
(of which Consumption)	50	54	26	—	—	3	3	—	14	35	21	6					
Tuberculous Meningitis	8	5	3	2	1	4	7	—									
Other Diseases	4	2	2	1	—	—	1										
Cancer, Malignant Tumors	24	6	18	—	—	1	—	—									
Skin Diseases	4	3	1	1	1	1	—	—									
Other Diseases	34	15	22	—	—	—	—	—									
Organic Heart Diseases	45	20	26	1	—	—	1	4	20	27	17	17					
Diarrhoea, Enteritis	23	9	14	10			15	—									
Bacillary, Lobar	54	32	22	8	7	—	15	2	2	18	15	9					
Pneumonia, Broncho	28	14	14	8	8	4	20	1	1	1	1	—					
Other Respiratory Diseases	19	9	10	8	8	—	4	—									
Diarrhoeal Diseases (under 5 years)	7	7	1	1	1	1	11	—									
Appendicitis and Peritonitis	11	6	5	2	1	1	—	—									
Inflammation, Intestinal Obstruction	9	6	3	—	—	—	—	—									
Gastritis of Liver	4	4	—	—	1	—	1	—									
Fright's Disease and Nervousness	72	47	25					3	3	12	24	30					
Nervousness of Women (not Cancer)	2	—	—														
Phenylketonuria	2	—	2					2									
Other Puerperal Diseases																	
Congenital Deformity and Malformation	56	34	22	56			56										
Congenital	5	1	4														
Achromia	23	15	8	3		2	5	1	11	3	3	2					
Hæmaturia																	
Scrofula	6	4	2	1													
Undeclared Causes	1	—	1	1				1									
All Other Causes	41	21	20	4	5	3	0	4	13	9	4						

The death rate for the month was 19.2 per 1,000 of population, as against 16.9 for the previous month. The present population of Newark is estimated for these calculations at 100,000.

MORTALITY FROM PRINCIPAL CAUSES OF DEATH, BY SEX AND AGE
APRIL, 1916

CAUSES	Total	Males	Females	Under 1 Year	1 and 2 Years	Under 5 Years	5 to 14	15 to 24	25 to 44	45 to 64	65 and Over
	Deaths										
Total, all causes	541	320	221	86	36	28	100	17	26	124	143
Influenza	1	1	—	—	—	—	—	—	—	—	—
Pneumonia	1	1	—	—	—	—	—	—	—	—	—
Measles	24	10	14	7	7	8	22	1	1	—	—
Sore Throat	1	1	—	—	—	—	—	—	—	—	—
Whooping Cough	2	1	1	—	2	—	2	—	—	—	—
Diphtheria	8	4	2	1	1	2	6	1	—	—	—
Tuberculosis	3	2	1	1	—	—	1	1	1	1	1
Other Infectious Diseases	4	2	2	1	—	—	1	1	1	—	—
Leucorrhoea of Infants (Uterus Excluded)	72	45	27	—	—	2	2	1	12	39	16
Tuberculous Meningitis	11	5	6	3	4	—	7	2	1	1	1
Other Tuberous Diseases	3	2	1	—	—	—	—	1	1	1	—
Cancer, Malignant Tumor	40	23	18	—	—	—	—	1	4	27	8
Simple Meningitis	3	3	—	—	—	—	—	1	—	—	—
Apoloplexy, Softening of the Brain	24	13	11	—	1	—	—	—	1	11	12
Organic Heart Diseases	41	23	18	9	—	—	22	4	1	1	16
Pneumonia	7	1	6	—	—	—	—	—	—	1	—
Inflammation of Lungs	33	21	8	6	6	1	1	—	13	15	—
Emphysema, Bronch	20	13	10	16	8	5	23	1	—	1	—
Other Respiratory Diseases	1	12	13	2	2	1	5	—	6	9	1
Diseases of the Stomach (Cancer excepted)	6	4	2	1	1	—	2	—	1	1	—
Diarrhoea, Diseases (under 5 years)	7	5	2	6	—	—	1	7	—	—	—
Acute Enteritis	9	6	3	—	—	—	1	1	2	3	3
Hepatitis and Cholangitis	2	2	—	—	—	—	—	—	1	1	—
Cirrhosis of Liver	2	1	1	—	—	—	—	—	—	1	1
Bright's Disease and Nephritis	54	33	21	2	—	—	2	—	12	26	14
Diseases of Women (not Cancer)	2	—	2	—	—	—	—	—	1	1	—
Puerperal Septicæmia	2	—	2	—	—	—	—	—	2	—	—
Other Puerperal Diseases	2	—	2	—	—	—	—	—	3	—	—
Debility and Malformation	41	30	11	41	—	41	—	—	—	—	—
Osteoarthritis	11	6	7	—	—	—	—	—	—	—	—
Arthritis	13	19	4	9	3	4	8	1	1	6	11
Homicide	—	—	—	—	—	—	—	—	1	2	—
Suicide	7	—	—	—	—	—	—	—	—	—	—
Undefined Causes	—	—	—	—	—	—	—	—	—	—	—
All Other Causes	49	—	—	—	—	—	—	—	14	11	7

The last rate for Newark was 1 per 1000 of population as against 19.2 for the previous month. The present population of Newark is estimated for these calculations at 380,000.

MORTALITY FROM PRINCIPAL CAUSES OF DEATH BY SEX AND AGE
MAY, 1916.

CAUSES	Total Deaths	Males	In Year			1 Years			2 Years			3 Years			4 Years		
			Fe- males	der 1 Year	der 2 Year	der 3 Year	der 4 Year	der 5 Year	der 6 Year	der 7 Year	der 8 Year	der 9 Year	der 10 Year	der 11 Year	der 12 Year	der 13 Year	
Total, all causes	1	937	71	27	20	118	18	35	94	1	1	1	1	1	1	1	
Infantile Paralysis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Malaria	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Small Pox	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Measles	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Scarlet Fever	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Whooping Cough	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Diphtheria	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Other Diseases	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Measles, Scarlet Fever, Whooping Cough, Malaria	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Other Epidemic Diseases	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Cancer, Malignant Tumor	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Simple Meningitis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Syphillis, Softening of the Brain	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Organic Heart Diseases	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Hepatitis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Pneumonia, Lobar	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Pneumonia, Broncho	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Other Respiratory Diseases	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Diarrhea of the Stomach, Intestinal Diseases	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Diarrhea Diseases under 1 year	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Spontaneous Termination	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Hemorrhage and Cramps	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Gastritis or Liver	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Bladder Disease and Nephritis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Diseases of Womb and Cancer	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Influenza, Grippe	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Other External Diseases	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Congenital Deformity and Malformation	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Old Age	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Accidents	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Burns	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Defined Causes	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
All Other Causes	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	

The death rate for the month was 16.3 per 1,000 of population, as against 7.1 for the previous month. The present population of Newark is estimated for these calculations at 380,000.

MORTALITY FROM PRINCIPAL CAUSES OF DEATH, BY SEX AND AGE.
JUNE, 1916.

CAUSES	Total	Males	Fe males	Un der 1	1 and under 2	2 and under 5	Un der 5 Years	5 to 14	15 to 24	25 to 44	45 to 64	65 and Over	
				De'ths	Year	der 2	der 5	Years	14	24	44	64	Over
Total, all causes	422	240	182	80	11	15	100	93	91	85	109	78	
Infantile Paralysis	2	2	—	—	—	—	—	—	—	—	2	—	
Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	
Measles	—	—	—	—	—	—	—	—	—	—	—	—	
Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—	
Whooping Cough	—	—	—	—	—	—	—	—	—	—	—	—	
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	
Influenza	—	—	—	—	—	—	—	—	—	—	—	—	
Epidemic Meningitis (Cerebro Spinal)	105	60	60	60	—	—	—	—	24	—	1	—	3
Other Epidemic Diseases	—	—	—	—	—	—	—	—	—	—	—	—	
Tuberculosis of Lungs (Consumption)	45	21	21	21	—	—	—	—	24	24	10	23	10
Tuberculosis of Meningitis	—	—	—	—	1	—	—	—	—	—	—	—	
Other Tuberculosis	—	—	—	—	—	—	—	—	—	—	—	—	
Cancer, Malignant Tumor	30	11	12	12	—	—	—	—	—	—	—	15	11
Simple Meningitis	—	—	—	—	1	—	—	—	—	—	—	—	
Apoplexy, Softening of the Brain	27	10	10	10	—	—	—	—	—	—	—	—	
Organic Heart Diseases	29	14	15	15	—	—	—	—	—	—	—	—	
Bronchitis	4	2	2	2	—	—	—	—	—	—	—	—	
Pneumonia, Lobar	24	12	12	12	—	—	—	—	—	—	—	—	
Pneumonia, Broncho	—	—	—	—	1	—	—	—	—	—	—	—	
Other Respiratory Diseases	11	7	7	7	—	—	—	—	—	—	—	—	
Diseases of the Stomach (Cancer excepted)	4	1	1	1	—	—	—	—	—	—	—	—	
Diarrhoeal Diseases (under 5 years)	11	10	10	10	—	—	—	—	—	—	—	—	
Appendicitis and Peritonitis	—	—	—	—	1	—	—	—	—	—	—	—	
Hernia, Intestinal Obstruction	—	—	—	—	1	—	—	—	—	—	—	—	
Cirrhosis of Liver	—	—	—	—	1	—	—	—	—	—	—	—	
Bright's Disease and Nephritis	—	—	—	—	1	—	—	—	—	—	—	—	
Diseases of Womb (not Cancer)	—	—	—	—	3	—	—	—	—	—	—	—	
Puerperal Septicemia	—	—	—	—	—	—	—	—	—	—	—	—	
Other Puerperal Diseases	—	—	—	—	—	—	—	—	—	—	—	—	
Congenital Deformity and Malformation	15	9	10	10	—	—	—	—	39	—	—	—	5
Old Age	—	—	—	—	—	—	—	—	—	—	—	—	
Accident	—	—	—	—	4	—	—	—	—	10	1	6	6
Home de	—	—	—	—	—	—	—	—	—	—	1	1	1
Suicide	3	3	—	—	—	—	—	—	—	—	1	1	1
All Other Causes	84	15	19	2	0	0	0	6	—	—	11	8	

The death rate for the month was 18.4 per 1,000 of population, as against 16.3 for the previous month. The present population of Newark is estimated for these calculations at 360,000.

MORTALITY FROM PRINCIPAL CAUSES OF DEATH, BY SEX AND AGE
JULY, 1916.

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BOARD OF HEALTH

CAUSES	Total Deaths	Males Deaths	Females Deaths	Under 1 Year				1 and 2 Years		Under 5 Years		5 to 14		15 to 24		25 to 44		45 to 64		65 and Over	
				Year	der 1	Under 2	Under 5	Years	to 14	15 to 24	25 to 44	45 to 64	65 and Over	to 14	15 to 24	25 to 44	45 to 64	65 and Over	to 14	15 to 24	
Total, all causes	86	347	233	115	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Diseases of the Heart	97	62	35	16	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Diseases of the Liver	2	2	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Malaria	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Syphilis	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Measles	4	3	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Scarlet Fever	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Whooping Cough	2	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Tuberculosis	6	4	3	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Influenza	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Meningitis, Cerebrospinal	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Diphtheria	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Cerebral Hemorrhage	57	41	26	16	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Cerebral Malaria	6	6	3	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Cerebral Tumors	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Cervical Cancer	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Stroke	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Apoptic Softening of the Brain	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Cerebral Thrombosis	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Hepatitis	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Pneumonia, Bronchitis	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Other Respiratory Diseases	24	15	9	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Diseases of the Stomach (not Ulcerated)	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Diseases of the Bowels (not Ulcerated)	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Abscess and Emphysema	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Hemorrhoids	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Loss of Liver	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Uremic Disease and Nephritis	12	31	11	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Diseases of Women (not Cancer)	7	7	7	7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Puerperal Septicemia	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Other Puerperal Diseases	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Congenital Debility and Malformation	38	64	34	33	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Old Age	9	5	4	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Accident	94	94	4	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Homicide	4	4	4	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Suicide	4	4	4	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
All undefined Causes	1	1	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
All Other Causes	43	24	19	17	1	4	2	9	1	2	11	12	10	9	8	11	12	10	9	8	

The death rate per 1,000 was 16.00 for population as at last 10th for the previous month. The present population of Newark was estimated for the 1st of July as 80,000.

MORTALITY FROM PRINCIPAL CAUSES OF DEATH, BY SEX AND AGE
AUGUST, 1916.

CAUSES	Total In 1st Month	Per 1,000 in 1st Month	In Year			1 and Under 2		2 and Under 5		Under 5 Years		5 to 14	15 to 24	25 to 44	45 to 64	65 and Over
			Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.		
Total, all causes	647	253	234	128	91	118	337	41	31	71	86	81				
Infantile Paralysis	226	131	95	30	64	95	130	30	4	2	-	-				
Typhoid Fever	1	1	-	-	-	1	1	-	-	-	-	-				
Malaria	-	-	-	-	-	-	-	-	-	-	-	-				
Small pox	-	-	-	-	-	-	-	-	-	-	-	-				
Mumps	-	1	1	-	1	-	-	1	-	-	-	-				
Scarlet Fever	-	-	-	-	-	-	-	-	-	-	-	-				
Whooping Cough	3	1	2	2	1	-	-	3	-	-	-	-				
Diphtheria	-	1	1	-	-	-	-	-	1	-	-	-				
All other	-	-	-	-	-	-	-	-	-	-	-	-				
Friederic's Meningitis (Cerebro Spinal)	-	-	-	-	-	-	-	-	-	-	-	-				
Other Epidemic Diseases	-	-	-	-	-	-	-	-	-	-	-	-				
Tuberculosis of Lungs (Consumption)	13	33	17	-	-	-	-	11	23	13	2	-				
Hemorrhagic Meningitis	2	1	1	-	-	-	-	1	1	1	1	-				
Other Tuberculosis	2	6	6	-	-	-	-	1	1	1	1	-				
Cancer, Malignant Tumor	1	5	14	-	-	-	-	1	2	11	6	-				
Simple Meningitis	2	2	1	-	-	-	-	1	1	1	1	-				
Apoplexy, Softening of the Brain	21	9	1	-	-	-	-	1	1	7	16	-				
Organic Heart Diseases	37	16	21	2	1	1	6	6	6	7	10	10	-			
Pneumonia	3	2	1	1	1	1	6	6	6	7	10	1	-			
Pneumonia, Lung	13	8	5	3	3	3	6	6	6	7	10	1	-			
Pneumonia, Bronchial	9	13	6	6	6	6	6	17	6	6	6	6	-			
Other Respiratory Diseases	11	5	6	1	1	1	6	6	6	6	6	6	-			
Injuries of the Stomach (Cancer excepted)	3	1	1	-	-	-	-	-	-	-	-	-				
Diarrhoeal Diseases (under 5 years)	66	30	31	48	12	6	66	-	-	-	-	-				
Appendicitis and Typhlitis	9	5	4	-	-	-	-	-	-	-	-	-				
Hernia, Intestinal Obstruction	3	1	2	-	-	-	-	-	-	-	-	-				
Cirrhosis of Liver	3	3	3	-	-	-	-	-	-	-	-	-				
Bright's Disease and Nephritis	43	18	25	-	-	-	1	1	-	-	-	-				
Injuries of Women (not Cancer)	4	4	4	-	-	-	-	-	-	1	3	20	15	-		
Pneumonia, Nephritis	-	-	-	-	-	-	-	-	-	-	-	-				
Other Infective Diseases	-	-	-	-	-	-	-	-	-	-	-	-				
Congenital, Debility and Malnutrition	3	12	13	31	-	-	-	31	-	-	-	-	-	-	-	8
All Age	6	4	4	-	-	-	-	-	-	-	-	-	-	-	-	2
Male	29	21	5	3	-	-	2	4	5	4	9	9	-	-	-	2
Female	1	1	1	-	-	-	-	-	-	1	1	1	-	-	-	
Suicide	6	5	1	-	-	-	-	-	-	1	3	3	-	-	-	
All undefined Causes	-	-	-	-	-	-	-	-	-	-	-	-				
All Other Causes	-	12	14	18	2	1	3	6	-	-	6	7	13	-	-	

The death rate for the month was 19.7 per 1,000 of population as against 18.0 for the previous month. The present population of Newark, as estimated for these calculations, is 38,000.

MORTALITY FROM PRINCIPAL CAUSES OF DEATH, BY SEX AND AGE
SEPTEMBER, 1916.

CAUSES	Total Deaths	Males	Females	Unadjusted Rates per 1,000 of Population										25 to 44	25 to 64	45 to 64	65 and Over
				Under 1 Year	1 and 2 Years	3 and 4 Years	Under 5 Years	5 to 14	15 to 24	25 to 44	45 to 64	65 and Over					
Total, all causes	409	240	169	75	6	5	5	5	5	5	5	5	5	28	25	7	
Infantile Paralysis	0	29	11														
Typhoid Fever			1														
Malaria																	
Smallpox																	
Megacephaly																	
Scarlet Fever			1														
Whooping Cough		1	0		2			1	0					1			
Diphtheria	1																
Influenza																	
Epidemic Meningitis (Cerebro-Spinal)																	
Other Epidemic Diseases																	
Tuberculosis of Lungs (Consumption)	11	7	4											7	8	1	
Tubercular Meningitis		1	1														
Other Tuberculosis																	
Cancer (Malignant Tumor)	11	7	4											1	1	1	
Saint Vitus' Disease																	
Apopexy, Softening of the Brain	24	17	12											1	1	5	
Organic Heart Disease	5	7	2											5	1	2	
Breasts	2																
Pneumonia (Lobar)	13	8	5		1									1	5	2	
Pneumonia (Bronchial)	4	4	1		1									1	2	2	
Other Respiratory Diseases	1	1	1		1												
Diseases of the Stomach (Cancer excepted)	4	3	1												1	1	
Diarrhoeal Diseases (under 5 years)	17	12	5		5		1	3						1	6	1	
Appendicitis and Typhlitis	2	1	1		1									1	1	1	
Hernia, Intestinal Obstruction	1																
Cirrhosis of Liver																	
Bright's Disease and Nephritis	10	10	5					1		1	1			1	22	1	
Diseases of Women (not Cancer)	1																
Puerperal Septicaemia	1																
Other Puerperal Diseases	1																
Congenital Debility and Malformation	29	17	12		9												
Old Age	36	2															
Accident	36	20	5			1	3	4	7	2	13	6		1	24	1	
Homicide	1		1														
Suicide	2	2														1	1
All defined Causes																	
All Other Causes																	
	34	19	15					3	8		2	6	13	8			

The death rate for the city was 17 per 1,000 of population as against 16 for the previous month. The present population of Newark is estimated for these calculations at 300,000.

MORTALITY FROM PRINCIPAL CAUSES OF DEATH, BY SEX AND AGE
OCTOBER, 1916.

CAUSES	Total Deaths	Males Deaths	Females Deaths	Unadjusted Mortality Rates										Adjusted Mortality Rates			
				Under 1 Year	1 and under 2 Years	2 and under 5 Years	5 and under 14 Years	14 to 24 Years	24 to 44 Years	44 to 64 Years	64 and Over		5 and under 14 Years	14 to 24 Years	24 to 44 Years	44 to 64 Years	64 and Over
Total, all causes	429	244	185	78	16	18	112	14	22	90	115	76					
Influenza Paralysis	9	8	6	4	1	2	7	2	64	8	1						
Typhoid Fever	6	6	6														
Malaria																	
Smallpox																	
Mosquito																	
Scarlet Fever																	
Whooping Cough																	
Diphtheria	3	3	1	1	1	1	2	1									
Influenza																	
Other Malaria Diseases																	
Tuberculosis of Lungs (Consumption)	42	30	12	1	1	1	1	1	7	25	8						
Tuberculous Meningitis	2	1	1														
Other Tuberculosis	4	2	2														
Other Meningitis	2	2															
Acute Meningitis	2	2															
Aneurysm, Softening of the Brain	21	9	12														
Organic Heart Disease	41	17	24														
Other Heart Disease	5	5	3														
Carditis	27	15	6														
Peritonitis	14	7	7														
Other Gastroenteritis	21	7	2														
Diseases of the Stomach (Cancer excepted)	4	2	2														
Diarrhoeal Diseases (under 5 years)	15	6	3														
Intestinal Inflammation	6	3	1														
Hernia, Intestinal Obstruction	8	3	1														
Other Enteritis	6	2	1														
Pneumonia, Bronchitis	62	29	29														
Pneumonia, Other Diseases	3	1															
Pneumococcal Disease	3	1															
Other Pneumonic Diseases	1																
Congenital Debility and Malformation	87	27	10														
Old Age	6	3	5														
Accident	27	25	20														
Homicide	3	1	2														
Suicide	30	8	2														
Ill defined Causes																	
All Other Causes	30	18	17	2	2	3	5	1	2	6	19	4					

The death rate for the month was 13.2 per 1,000 of population, as against 12.6 for the previous month. The present population of Newark is estimated at 111,000 individuals at May 1916.

MORTALITY FROM PRINCIPAL CAUSES OF DEATH, BY SEX AND AGE
NOVEMBER 1916.

CAUSES	Total Deaths	Males	Females	Under 1 Year					1 and 2 and 5 Years		5 to 14		15 to 24		25 to 44		45 to 64		65 and Over	
				Under 1 Year	Under 2 Years	Under 5 Years	Years	14	14	24	24	44	44	64	64	Over	Over	Over	Over	
Influenza	4	1	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Infantile Paralysis	4	1	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	
Typhoid Fever	5	2	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Measles	1	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	
Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Whooping Cough	3	1	2	—	—	—	—	—	1	1	1	2	1	—	—	—	—	—	—	
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Diarrhea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Hepatitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other Infectious Diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Tuberculosis of Lungs (Consumption)	49	26	13	—	—	—	—	—	—	—	—	2	5	26	14	1	2	—	—	
Tuberculosis Meningitis	—	—	2	2	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	
Cancer Tuberculosis	6	3	3	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	
Cancer, Malignant Tumor	—	—	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Simple Meningitis	2	2	—	—	—	—	—	—	2	—	—	2	—	—	—	—	—	—	—	
Apopplexy, Softening of the Brain	23	12	22	—	—	—	—	—	—	—	—	—	—	—	—	1	17	16	16	
Organic Heart Diseases	43	27	16	3	—	—	—	—	—	3	4	1	4	15	10	3	1	1	16	
Bronchitis	5	—	5	3	—	—	—	—	—	4	—	—	—	—	—	—	—	—	—	
Pneumonia, Lobar	40	20	10	5	—	—	—	—	—	8	1	4	14	10	1	9	3	2	1	
Pneumonia, Broncho	10	9	1	4	—	—	—	—	1	6	—	—	—	—	—	—	3	1	1	
Other Respiratory Diseases	15	10	5	1	—	—	—	—	—	3	—	—	—	—	—	—	—	—	—	
Diarrhoea of Infants and Children	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Diarrhoeal Diseases (under 5 years)	7	6	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	
Appendicitis and Typhlitis	3	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Hernia, Intestinal Obstruction	5	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	5	—	—	
Congenital Defects	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Bright's Disease and Nephritis	49	22	17	—	—	—	—	—	—	1	1	—	—	—	—	—	4	14	14	
Diseases of Women (not Cancer)	5	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Infant Mortality	2	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other Principal Diseases	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Compensable Injury and Malformation	2	—	1	—	—	—	—	—	—	—	—	28	—	—	—	—	—	—	—	
Old Age	—	—	8	—	—	—	—	—	—	—	—	—	—	—	—	—	1	4	4	
Accident	78	12	6	—	—	—	—	—	4	4	—	—	—	—	—	—	9	—	—	
Homicide	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	
Suicide	8	7	1	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	
All Other Causes	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	11	10	11	

The death rate for this month was per 1,000 of population, 10.1, against 10.7 for the previous month. The present population of Newark is estimated for these calculations at 390,000.

MORTALITY FROM PRINCIPAL CAUSES OF DEATH, BY SEX AND AGE
 DECEMBER, 1916

BOARD OF HEALTH.

211

CAUSES	Total	Males	Females	Under 1 Year	1 and 2 and Un- der 5 Years	Under 5 Years	5 to 14	15 to 24	25 to 44	45 to 64	65 and Over
	Deaths	Deaths	Deaths	Deaths	Deaths	Deaths	Deaths	Deaths	Deaths	Deaths	Deaths
Total all causes	586	316	270	64	15	9	19	35	131	179	123
Infantile Paralysis	—	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—
Smallpox	—	—	—	—	—	—	—	—	—	—	—
Measles	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	—	—	—	—	—	—	—	—	—	—	—
Whooping Cough	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—
Influenza	—	—	—	—	—	—	—	—	—	—	—
Fuliculae Meningitis (Cerebro Spina)	1	1	1	—	—	—	—	—	—	—	—
Other Epidemic Diseases	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis of Lungs (Consumption)	54	30	18	—	—	—	—	—	—	—	—
Tuberculosis of Meningitis	5	4	1	—	—	—	—	—	—	—	—
Other Tuberculosis	1	1	—	—	—	—	—	—	—	—	—
Cancerous Malignant Tumor	33	15	12	—	—	—	—	—	—	—	—
Sainte Meningitis	3	5	3	—	—	—	—	—	—	—	—
Apoplexy, Softening of the Brain	42	15	27	—	—	—	—	—	—	—	—
Organic Heart Diseases	4	9	5	—	—	—	—	—	—	—	—
Brachial Palsy	—	—	—	—	—	—	—	—	—	—	—
Pneumonia, Lobar	74	45	29	—	—	—	—	—	—	—	—
Pneumonia, Broncho	20	6	14	—	—	—	—	—	—	—	—
Other Respiratory Diseases	20	11	9	—	—	—	—	—	—	—	—
Inflammation of the Stomach (Cancer excepted)	6	—	—	—	—	—	—	—	—	—	—
Diarrhoeal Diseases (under 5 years)	9	5	4	—	—	—	—	—	—	—	—
Appendicitis and Typhilitis	4	1	3	—	—	—	—	—	—	—	—
Hernia, Intestinal Obstruction	1	—	—	—	—	—	—	—	—	—	—
Cirrhosis of Liver	7	6	1	—	—	—	—	—	—	—	—
Bright's Disease and Nephritis	69	23	26	—	—	—	—	—	—	—	—
Diseases of Women (not Cancer)	5	—	5	—	—	—	—	—	—	—	—
Puerperal Septicemia	—	—	—	—	—	—	—	—	—	—	—
Other Puerperal Diseases	1	—	1	—	—	—	—	—	—	—	—
Congenital, Deformity and Malformation	33	17	16	33	—	—	—	—	—	—	—
Old Age	1	—	1	—	—	—	—	—	—	—	—
Accident	47	34	13	3	1	5	3	8	6	11	12
Homicide	—	—	—	—	—	—	—	—	—	—	—
Suicide	2	3	—	—	—	—	—	—	—	2	1
All undefined Causes	—	—	—	—	—	—	—	—	—	—	—
All Other Causes	56	27	29	2	—	—	—	—	—	14	10

The death rate for the month was 18.0 per 1,000 of population, as against 12.2 for the previous month. The present population of Newark is estimated for these calculations at 394,000.

DEATHS IN INSTITUTIONS, ETC., FOR 1916.

	DEATHS
Newark City Hospital	3194
St Michael's Hospital	329
German Hospital	21
St. Barnabas' Hospital	77
Beth Israel Hospital	100
St James' Hospital	8
Babies' Hospital	52
Newark Private Hospital	28
Presbyterian Hospital	28
Homeopathic Hospital	37
Women and Children's Hospital	5
Maternity Hospital	-
Essex County Hospital for Insane	11
Essex County Isolation Hospital (Soho)	1
Dr Waite's Sanatorium	8
Newark Training School	11
Home for Crippled Children	-
Home for Invalids	2
Home for the Friendless	-
Home for Aged Women	-
House of Good Shepherd	2
Little Sisters of the Poor	4
Mohns House	41
e and Ear Infirmary	6
Florence Crittenden Home	-
Baptist Home	-
St Mary's Orphanage	-
St Peter's Orphanage	1
118th Avenue Day Nursery	1
St Vincent's Academy	1
Essex County Jail	1
Police Stations	-
Post Office Building	1
Krueger Greisenheim	1
Railroad Stations	2
Hotels and Lodging Houses	-
Prudential Insurance Company	1
Synthetic Dye Company	-
Oscar Sherer Bros	-

Butterworth, Judson Company	1
Centra Stamping Company	1
Drug Store	1
Commercial Wharf	1
Interstate Milk Company	5
Weequahic Park	2
Branch Brook Park	1
Ambulance en route to Hospital	2
Boat on Passaic River	1
Railroad Tracks and Crossings	12
On Street	15
Found in Lots	2
Found in Canal	6
Found in Passaic River	6
Found in Newark Bay	1

Mortality Statistics of Newark

FOR THE YEAR 1916

Including non-resident deaths, arranged to give disease, age and sex and according to International Classification, compiled by Frederick S. Crum, Ph. D., Assistant Statistician of the Prudential Insurance Company, Newark, N. J.

MORTALITY CAUSES ARRANGED AS FOLLOWS:

MALE

- 1 General Diseases.
- 2 Nervous System and Organs of Special Sense.
- 3 Diseases of Circulatory System.
- 4 Diseases of Respiratory System.
- 5 Diseases of Digestive System.
- 6 Non-venereal Diseases of Genito-Urinary System.
- 7 Diseases of Skin and Cellular Tissue
- 8 Diseases of Bones and Organs of Locomotion.
- 9 Malformations.
- 10 Old Age
- 11 External Causes—
 - Suicides
 - Accidents
 - Homicides
- 12 Ill defined Diseases

FEMALE.

- 1 General Diseases.
- 2 Nervous System and Organs of Special Sense.
- 3 Diseases of Circulatory System.
- 4 Diseases of Respiratory System.
- 5 Diseases of Digestive System.
- 6 Non-venereal Diseases of Genito-Urinary System.
- 7 The Puerperal State
- 8 Diseases of Skin and Cellular Tissue
- 9 Diseases of Bones and Organs of Locomotion.
- 10 Malformations
- 11 Old Age.
- 12 External Causes—
 - Suicides
 - Accidents.
 - Homicides,
- 13 Ill defined diseases

MALE MORTALITY FIGURES FOR NEWARK FOR YEAR 1916.

Including non resident deaths, arranged to give disease and age according to International Classification.

CAUSES OF DEATH	Under	1	2	3	4	Total	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	and Over	
	1	2	3	4	Under	5	9	14	19	24	29	34	39	44	49	54	59	64	69	74	79	84	89	93		
I GENERAL DISEASES Total	67	46	54	24	15	13	152	18	13	25	45	62	79	13	19	78	102	67	62	40	29	13	9	3	1	
Typhoid Fever							1	1		1	3	2	3	2	1	1										
Malaria							2		1	2																
Meningitis							28	10	4	3	52	2														
Saint's Fever								1	1	1	3															
Whooping Cough									4		10															
Diphtheria and Croup									5	6	6	3	24	1												
Influenza									3		6															
Laryngitis										2																
Purulent Infection and Septicemia											3															
Tetanus											1	1														
TUBERCULOSIS All Forms, 28-35	52	6	8	9	4	3	24	10	3	26	33	50	68	55	79	56	53	35	15	12	7	7	1			
Tuberculosis of Lungs	47				1	1	1	5	2	2	19	30	48	67	53	79	50	59	33	15	1	3	2	1		
Acute Miliary Tuberculosis								1	1		1					1	1	1	1							
Tuberculous Meningitis							7	1	3	2	19	5	1		1	1	1	2	1	1						
Aldrovian Tuberculosis													1													
Pott's Disease											1									1	1		1			
White Swellings												1	1	1	1						1	1				
Disseminated Tuberculosis													1													
Rickets														2												
Syphilis														1												
Tonsillitis and fever														2												
CANCER—All Forms, 39-45	128	1	1				9		1	3	1		3	9	13	18	19	20	11	10	4	4	4	9		
Cancer of Buccal Cavity													1	1												
Cancer of Stomach and Liver														1	5	9	8	9	10	13	5	1	3	1		

MALL MORTALITY FIGURES FOR NEWARK FOR YEAR 1916 *Continued.*

CAUSES OF DEATH	All Ages	Under 1				Total Under 5					5 to 9					10 to 14					15 to 19					20 to 24					25 to 29					30 to 34					35 to 39					40 to 44					45 to 49					50 to 54					55 to 59					60 to 64					65 to 69					70 to 74					75 to 79					80 to 84					85 to 89					90 and Over																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
		1	2	3	4		5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694	695	696	697	698	699	700	701	702	703	704	705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745	746	747	748	749	750	751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778	779	770	771	772	773	774	775	776	777	778	779	780	781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799	800	801	802	803	804	805	806	807	808	809	8010	8011	8012	8013	8014	8015	8016	8017	8018	8019	8020	8021	8022	8023	8024	8025	8026	8027	8028	8029	8030	8031	8032	8033	8034	8035	8036	8037	8038	8039	8040	8041	8042	8043	8044	8045	8046	8047	8048	8049	8050	8051	8052	8053	8054	8055	8056	8057	8058	8059	8060	8061	8062	8063	8064	8065	8066	8067	8068	8069	8070	8071	8072	8073	8074	8075	8076	8077	8078	8079	8080	8081	8082	8083	8084	8085	8086	8087	8088	8089	8090	8091	8092	8093	8094	8095	8096	8097	8098	8099	80100	80101	80102	80103	80104	80105	80106	80107	80108	80109	80110	80111	80112	80113	80114	80115	80116	80117	80118	80119	80120	80121	80122	80123	80124	80125	80126	80127	80128	80129	80130	80131	80132	80133	80134	80135	80136	80137	80138	80139	80140	80141	80142	80143	80144	80145	80146	80147	80148	80149	80150	80151	80152	80153	80154	80155	80156	80157	80158	80159	80160	80161	80162	80163	80164	80165	80166	80167	80168	80169	80170	80171	80172	80173	80174	80175	80176	80177	80178	80179	80180	80181	80182	80183	80184	80185	80186	80187	80188	80189	80190	80191	80192	80193	80194	80195	80196	80197	80198	80199	80200	80201	80202	80203	80204	80205	80206	80207	80208	80209	80210	80211	80212	80213	80214	80215	80216	80217	80218	80219	80220	80221	80222	80223	80224	80225	80226	80227	80228	80229	80230	80231	80232	80233	80234	80235	80236	80237	80238	80239	80240	80241	80242	80243	80244	80245	80246	80247	80248	80249	80250	80251	80252	80253	80254	80255	80256	80257	80258	80259	80260	80261	80262	80263	80264	80265	80266	80267	80268	80269	80270	80271	80272	80273	80274	80275	80276	80277	80278	80279	80280	80281	80282	80283	80284	80285	80286	80287	80288	80289	80290	80291	80292	80293	80294	80295	80296	80297	80298	80299	80300	80301	80302	80303	80304	80305	80306	80307	80308	80309	80310	80311	80312	80313	80314	80315	80316	80317	80318	80319	80320	80321	80322	80323	80324	80325	80326	80327	80328	80329	80330	80331	80332	80333	80334	80335	80336	80337	80338	80339	80340	80341	80342	80343	80344	80345	80346	80347	80348	80349	80350	80351	80352	80353	80354	80355	80356	80357	80358	80359	80360	80361	80362	80363	80364	80365	80366	80367	80368	80369	80370	80371	80372	80373	80374	80375	80376	80377	80378	80379	80380	80381	80382	80383	80384	80385	80386	80387	80388	80389	80390	80391	80392	80393	80394	80395	80396	80397	80398	80399	80400	80401	80402	80403

MALE MORTALITY FIGURES FOR NEWARK FOR YEAR 1916—Continued.

MALE MORTALITY FIGURES FOR NEWARK FOR YEAR 1916 *Continued.*

CAUSES OF DEATH	All Age Groups					Total Under 5 to 10 to 15 to 20 to 25 to 30 to 35 to 40 to 45 to 50 to 55 to 60 to 65 to 70 to 75 to 80 to 85 to 90 and Over																
	1	2	3	4	5	6	9	14	19	24	29	34	44	54	64	69	74	79	84	89	94	
Cancer of Stomach	5											1	1	1	1	1	1	1	1	1	1	
Other Diseases of Stomach	5											1	1	1	1	2	1	1				
Diarrhoea and Enteritis (under 2 years)	5	1	0	9								150										
Diarrhoea and Enteritis (2 years and over)	19			2	3	1	6	1	1	1	1											
Appendicitis and Typhlitis	2							3	4	9	1	3			3	4						
Hernia	6	1					1				1				1						1	
Intestinal Obstruction	4						4	1	1	1	1					2				2		
Peritonitis and Perforation of Bowel	6	2					2		1						1	1					1	
Injuries to Liver												1										
Cirrhosis of Liver	28												6	4	4	8	6	4	2	4		
Alcoholic Cirrhosis of Liver	5												1									
Biliary Calculi	6												1	1								
Other Diseases of Liver													1									
Simple Peritonitis (non-puerperal)	1															1						
Other Diseases of Digestive System	2												1									
VI. DISEASES OF GENITO-URINARY SYSTEM (NON-VENEREAL) Total																						
Acute Nephritis	3	3	3	2	8	1	1	1	9	7	4	38	29	6	4	4	33	32	2	18	5	
Chronic Disease	8	2	3	2	7	1	1	3	3	1	2			2	1	1	2	1			1	
Other Diseases of Kidneys					1			2	4	6	1	54	29	27	46	43	31	27	20	18	6	
Chronic Urinary Tractitis					1			2											1	1		
Diseases of Bladder																	1	1				
Diseases of Urethra																	1	1				
Diseases of Prostate																	1	1			3	

MALE MORTALITY FIGURES FOR NEWARK FOR YEAR 1916 *Continued.*

MALL MORTALITY FIGURES FOR NEWARK FOR YEAR 1919. *Continued.*

FEMALE MORTALITY FIGURES FOR NEWARK FOR YEAR 1916.

Including non-resident deaths, arranged to give disease and age according to International Classification.

CAUSES OF DEATH	All Ages	Under 1	1	2	3	4	Total	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	and Over
		Age	9	9	14	13	24	29	34	3	44	4	54	5	64	69	74	79	84	89	94	98	102	106	110	114
I GENERAL DISEASES—Total	755	79	4	89	10	7	137	16	12	41	40	43	88	40	43	63	45	38	50	48	27	21	10	4	3	
Typhoid Fever	7							1		2	1	1														
Measles	48	6	15	12	1	1	45	1																		
Scarlet Fever	3						1	1	2	1																
Whooping Cough	4	8	2	1	2	1	14																			
Diphtheria and Croup	4	1	13	4	1		1			2															2	
Influenza	60	1	1	1		1	8				1	1	1	1	1	2	1	5	3	4	5	4				
Dysentery	1																									
Frynspeus	2	1					1																			
Tetanus		1					1																			
TUBERCULOSIS All Forms, 28-35	72	11	10	4	4	3	5	4	9	9	37	96	1	82	29	21	5	6	2	5	2	3				
Tuberculosis of Lungs	70	1		1	1	1	4		8	13	33	32	3	5	70	20	4	6	1	5	1	3				
Acute Miliary Tuberculosis	10		1	1	1	1	1			3																
Tuberculous Meningitis	89	8	8	3	3	1	2	3	1	1	2	1														
Abscesses, Tuberous	4										1	1	1	2												
Pott's Disease	4		1				1				1															
Tuberculosis of Other Organs	2	1		1			2																			
Disseminated Tuberculosis	1																									
Rickets	2																									
Syphilis	1	7		1			8				1															
Gonococceus Infection	1	1	1				2																			
CANCER—All Forms, 39-45	24						1				1	5	8	15	11	9	30	26	26	11	9	3	3	1		
Cancer of Buccal Cavity	2																				1	1				
Cancer of Stomach and Liver	2																				16	12	6	6	2	
Cancer of Peritoneum, Intestines, Rectum	14											7	4	7	8	2	3	3	2	1						

FEMALE MORTALITY FIGURES FOR NEWARK FOR YEAR 1916 *Continued.*

FEMALE MORTALITY FIGURES FOR NEWARK FOR YEAR 1916—Continued.

CAUSES OF DEATH	All Ages	Un- der 1	1	2	3	4	Total	5	Under 5	6	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90
		1	2	3	4	5	9	14	19	24	29	34	39	44	49	54	59	64	69	74	79	84	89	and Over			
Convulsions (under 5 years)	6	4	1	—	—	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Chorea	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Neuralgia and Neuritis	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other Diseases of Nervous System	7	1	1	1	1	3	1	—	—	—	1	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	
Diseases of Ears	2	—	—	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
III DISEASES OF CIRCULATORY SYSTEM																											
TEM Total	17	8	2	1	—	2	13	7	12	8	10	11	13	19	17	16	14	22	32	50	55	49	36	20	5	—	
Pericarditis	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Acute Endocarditis	36	6	—	—	—	—	1	7	4	4	2	4	5	1	1	1	4	—	1	—	—	—	—	—	—	1	
Organic Diseases of the Heart	334	2	2	1	—	1	6	—	—	7	13	6	—	10	11	15	10	21	30	44	40	49	31	12	3	—	
Angina Pectoris	11	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	1	1	—	2	3	2	—	—	—	—	
Diseases of Arteries, Arteiosclerosis, etc	33	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	2	2	2	9	4	4	7	1	
Embolism and Thrombosis	10	—	—	—	—	—	—	—	—	1	1	—	—	3	1	—	1	1	—	1	—	—	—	—	—	—	
Diseases of Veins	4	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	—	—	1	—	—	—	—	—	—	—	
IV DISEASES OF RESPIRATORY SYSTEM																											
TEM—Total	15	11	16	5	5	11	10	3	9	3	12	13	13	13	12	19	16	20	22	23	18	18	6	1	—		
Diseases of Thyroid Body	4	—	—	—	—	—	—	—	1	—	—	—	—	1	—	—	1	1	—	—	—	—	—	—	—	—	
Acute Bronchitis	34	—	5	—	—	1	34	—	—	—	—	—	—	—	—	—	—	2	—	4	2	2	1	—	—	—	
Chronic Bronchitis	17	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	2	—	1	4	2	5	1	—	—	
Bronchopneumonia	86	23	20	11	1	—	55	3	2	—	—	1	—	1	1	2	2	3	4	5	8	—	—	—	—	—	
Fever	191	12	22	2	3	3	42	5	2	6	3	11	12	10	12	10	14	13	15	12	11	7	8	2	1	1	
Pneumonia	16	—	3	2	1	1	7	1	—	—	1	1	—	—	2	—	—	2	—	—	1	—	—	—	—	—	
Pulmonary Congestion	4	2	1	—	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Gangrene of Lung	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Asthma	6	—	—	—	—	—	—	—	—	—	—	—	—	1	1	1	1	—	1	—	—	—	—	—	—	—	
Emphysema	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	

ELMALL: MORTALITY FIGURES FOR NEWARK FOR YEAR 1916 *Continued.*

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FEMALE MORTALITY FIGURES FOR NEWARK FOR YEAR 1916—Continued.

FEMALE MORTALITY FIGURES FOR NEWARK FOR YEAR 1916—Continued.

